
State: Arkansas **Filing Company:** American Financial Security Life Insurance Company
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
Product Name: AF FI POL 410 Hospital Indemnity - HCCUA
Project Name/Number: Hospital Indemnity - HCCUA/AF FI POL 410

Filing at a Glance

Company: American Financial Security Life Insurance Company
Product Name: AF FI POL 410 Hospital Indemnity - HCCUA
State: Arkansas
TOI: H14G Group Health - Hospital Indemnity
Sub-TOI: H14G.000 Health - Hospital Indemnity
Filing Type: Form
Date Submitted: 11/30/2012
SERFF Tr Num: ICCL-128789028
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AF FI POL 410 - HCCUA

Implementation: On Approval
Date Requested:
Author(s): Brenda Dawson
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 12/06/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
Filing Company: American Financial Security Life Insurance Company
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
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General Information

Project Name: Hospital Indemnity - HCCUA
Project Number: AF FI POL 410
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Association
Filing Status Changed: 12/06/2012
State Status Changed: 12/06/2012
Created By: Brenda Dawson
Corresponding Filing Tracking Number: ICCI-127782409

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:
Deemer Date:
Submitted By: Brenda Dawson

Filing Description:

Enclosed for review and approval for use in your state is the Association information for the Healthcare Cost Containment United Association, Inc. (HCCUA). This information includes the completed Arkansas checklist, brochures, the HCCUA bylaws, and member listing.

The forms attached to the supporting documents tab were previously approved by the Department on October 31, 2011 under SERFF Tracking # ICCI-127782409, issued to an out-of-state group. This filing is to advise the Department that the previously approved Group Indemnity Health Insurance Policy form AF FI POL 410 will also be issued to the Healthcare Cost Containment United Association, Inc. (HCCUA).

Insurance Compliance Consultants, Inc., is making this filing on behalf of American Financial Security Life Insurance Company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

Form AF FI CERT 410 is the Group Indemnity Health Insurance Certificate of Insurance evidencing coverage under the Group Policy. Amendatory Endorsement form AF FI AEAR 410 will be attached to all certificates issued in Arkansas.

This coverage is not sold to small employers. It is strictly individual coverage sold to members of the association. The coverage is a Fixed Indemnity plan.

Form AF FI MEM EF 410 AR is the member enrollment form used to apply for coverage.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions.

The Policy document was prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract other than listed or bracketed variables, or to the general print size.

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
3925 East State Street, Suite 200 815-316-6714 [Phone]
Rockford, IL 61108 815-986-2355 [FAX]

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Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

American Financial Security Life Insurance Company
 10308 Metcalf Ave., PMB 275
 Overland Park, KS 66212
 (913) 341-1190 ext. [Phone]

CoCode: 69337
 Group Code: 4510
 Group Name:
 FEIN Number: 44-0617151

State of Domicile: Missouri
 Company Type:
 State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
American Financial Security Life Insurance Company	\$50.00	12/03/2012	65376898

SERFF Tracking #:

ICCI-128789028

State Tracking #:

Company Tracking #:

AF FI POL 410 - HCCUA

State: Arkansas

Filing Company:

American Financial Security Life Insurance Company

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: AF FI POL 410 Hospital Indemnity - HCCUA

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/06/2012	12/06/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	12/03/2012	12/03/2012

Response Letters

Responded By	Created On	Date Submitted
Brenda Dawson	12/03/2012	12/03/2012

State: Arkansas **Filing Company:** American Financial Security Life Insurance Company
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Disposition

Disposition Date: 12/06/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Arkansas Checklist, Brochures, bylaws, member listing, and financial statement	Approved-Closed	Yes
Supporting Document	Previously approved forms	Approved-Closed	Yes

State: Arkansas **Filing Company:** American Financial Security Life Insurance Company
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/03/2012
Submitted Date	12/03/2012
Respond By Date	

Dear Brenda Dawson,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Arkansas Checklist, Brochures, bylaws, member listing, and financial statement (Supporting Document)

Comments:

Since associations are reviewed for approval and not informational purposes, please submit a \$50.00 filing fee.

Thank you.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/03/2012
Submitted Date	12/03/2012

Dear Rosalind Minor,

Introduction:

Hi Rosalind - thank you for your letter.

Response 1

Comments:

The \$50 filing fee has been included.

Related Objection 1

Applies To:

- Arkansas Checklist, Brochures, bylaws, member listing, and financial statement (Supporting Document)

Comments:

Since associations are reviewed for approval and not informational purposes, please submit a \$50.00 filing fee.

Thank you.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Brenda Dawson

State: Arkansas **Filing Company:** American Financial Security Life Insurance Company
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	12/06/2012
Comments:			
Attachment(s):			
Cert of Comp. with Rule 19 AFSLIC AF FI.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	12/06/2012
Comments:	application previously approved October 31, 2011 under SERFF Tracking # ICCI-127782409		
		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter	Approved-Closed	12/06/2012
Comments:			
Attachment(s):			
ICC Authorization letter 01-12.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Arkansas Checklist, Brochures, bylaws, member listing, and financial statement	Approved-Closed	12/06/2012
Comments:	Exhibit 8(a) and (b) are the brochures Exhibit 11 are the Bylaws Exhibit 12 is the members listing Exhibit 13 is the financial statement		
Attachment(s):			

SERFF Tracking #:

ICCI-128789028

State Tracking #:

Company Tracking #:

AF FI POL 410 - HCCUA

State: Arkansas

Filing Company:

American Financial Security Life Insurance Company

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: AF FI POL 410 Hospital Indemnity - HCCUA

Project Name/Number: Hospital Indemnity - HCCUA/AF FI POL 410

2012-11-29 Arkansas Checklist HCCUA.pdf
 Arkansas Checklist Exhibit 11.pdf
 Arkansas Checklist Exhibit 12.pdf
 Arkansas Checklist Exhibit 13.pdf
 AR Exhibit Checklist 8(a) pgs 1-5.pdf
 AR Exhibit Checklist 8(a) pgs 6-10.pdf
 AR Exhibit Checklist 8(a) pgs 11-20.pdf
 AR Exhibit Checklist 8(b).pdf

		Item Status:	Status Date:
Satisfied - Item:	Previously approved forms	Approved-Closed	12/06/2012
Comments:	These forms were previously approved on October 31, 2011 under SERFF Tracking # ICCI-127782409		
Attachment(s):			
AF FI POL 410 _5-12-10_.pdf			
AF FI CERT 410 -2010 02-08-11.pdf			
AR FI 0410 AEAR.pdf			
AR AF FI MEM EF 410 AR - Enrollment Form.pdf			

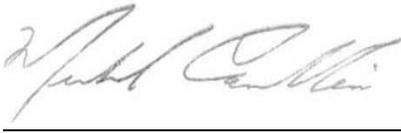
**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: American Financial Security Life Insurance Company

Form Number(s):

Group Hospital Indemnity Health Insurance Policy – AF FI POL 410
Group Hospital Indemnity Certificate of Insurance – AF FI CERT 410
Amendatory Endorsement – AF FI AEAR 410
Member Enrollment form – AF FI MEM EF 410 AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.



Signature of Company Officer

Mike Camilleri
American Financial Security Life Insurance
Company

President and Secretary
Title

October 31, 2011
Date

American Financial Security Life Insurance Company

Jefferson City, Missouri

January 1, 2012

Mr. Brian Camling
President
Insurance Compliance Consultants, Inc.
3925 East State Street, Suite 200
Rockford, IL 61108

RE: American Financial Security Life Insurance Company

NAIC Company #: 69337
NAIC Group #: 4510
FEIN #: 44-0617151

AUTHORIZATION STATEMENT

The undersigned hereby certifies that *Insurance Compliance Consultants, Inc.*, has the authority to act on behalf of the above Company for the sole purpose of filing with the state insurance department those policy, amendment, endorsement, rider, certificate, reports, rates, surveys and/or application forms approved by the Companies for use in Company's transaction of business.

Authorized by:



Mike Camilleri
President and Secretary
American Financial Security Life Insurance Company

We have received your filing regarding the above named association/discretionary group. To determine if this organization is a qualified group under our statutes, please provide the answers to the following questions:

1. Name and address of the group.
Healthcare Cost Containment United Association, Inc.
9010 SW 137th Ave
Suite 213
Miami, FL 33186
2. Is this group incorporated? If so, give state of incorporation.
Yes, Florida.
3. Is there a current office in Arkansas?
No, there is a Registered Agent:
Corporate Creations Network Inc.
609 SW 8th Street #600
Bentonville, AR 72712
Benton County
(501) 255-0832
4. Does the Arkansas part of the organization have any officers, committees, or chapters? If so, give details.
No.
5. Are annual dues charged? If so, specify amount.
Yes, \$5 per month or \$60 annually.
6. What are the specific activities of the organization?
The Healthcare Cost Containment United Association exists for the purpose of assisting people who are willing to assume responsibility and take concrete action to reduce and contain healthcare costs (the “Purpose”), which assistance may include:

A. Helping members of the Association (collectively “Members” and each a “Member”) understand, access and use healthcare cost reduction and containment tools and techniques, such as: (i) using telemedicine, telehealth and other electronic media and mechanisms to more economically and efficiently obtain health and medical services (“Telemedicine”); (ii) creating and maintaining an electronic health record on a recognized Personal Health Record system that is widely accessible to any healthcare providers authorized by member (“EHR Services”); (iii) applying medical billing review and analysis methods or services to challenge invalid, excessive and inappropriate healthcare charges (“Medical Bill Auditing”); (iv) employing diagnostic testing, wellness screening and risk assessment measures on a regular basis to facilitate early detection and treatment of health problems (“Annual

Diagnostic Testing”); and (v) identifying and applying for available public and private programs to reduce or eliminate the cost of prescription medications or durable medical equipment and supplies (Rx/DME Programs”);

B. Promoting, tracking and reporting on both the improvement of existing healthcare cost reduction and containment tools and techniques and the creation and development of new healthcare cost reduction and containment tools and techniques (“Enhanced Technologies”), as well as their availability, awareness and use;

C. Presenting information and options to enable members to make cost-effective choices about the healthcare and medical services, products and benefits that are most appropriate to meet their needs in light of their particular circumstances;

D. Giving members access to other benefits, programs, privileges, products and services beneficial to their overall health and economic well being and such other ancillary and incidental benefits as the Board of Directors of the Association (the “Board”) deems appropriate; and

E. Doing any other act or thing incidental to or connected with the Purpose or the advancement thereof by exercising the powers now or hereafter conferred upon Corporations Not For Profit by the laws of the State of Florida and of the United States.

7. What benefits are provided to the members in addition to insurance?

Non-Insurance benefits provided by the Association that relate directly to reducing or containing healthcare costs include:

Website Content/Resources -- HCCUA Website includes resources such as “Did You Know?” articles on health topics (added weekly), an archive of health-conscious recipe adaptations (added weekly) and health-related press releases, web links and RSS feeds. There have been over 6,000 unique member visits to the “Recipes” and “Did You Know?” sections of the HCCUA website alone in the past 12 months. All HCCUA Members have access to the Website content/resources.

Telemedicine – HCCUA gives Members and immediate family day and night access to the InteractiveMD telemedicine platform that allows them to speak to a doctor live by video-conference, phone or secure e-mail (proprietary smart phone application will be available soon). Members can get either “Informational Consultations” (2 per year included, \$15 for each additional) or “Medical Consultations” (2 per year included, \$40 for each additional). Informational Consultations let Members talk to licensed physicians to get answers to common medical questions and general medical advice. Medical Consultations provide a more thorough assessment and can include diagnosis and treatment of a wide range of common medical conditions, as well as prescriptions under appropriate circumstances. [NOTE: The Technical Support benefit (described below) gives Members free technical support from certified and licensed technicians that can be used to deal with issues related to their use of the telemedicine platform.] This service is included with General Membership and all premium membership programs.

Electronic Health Record -- HCCUA gives Members and immediate family free use of a InteractiveMD electronic health record tool (“EHR”) that serves as a centralized receptacle and storage/management system for Member medical histories (e.g., doctor notes, medical images, test results, etc.) and all medically relevant data created, entered, or exchanged via the InteractiveMD telemedicine platform. The EHR captures health data from member answers to medical questionnaires that must be completed prior to a member engaging in a medical or informational consultation with a licensed physician over the platform. Additionally, any records, documents, or images the Member-patient, physician, or service representative uploads is viewable within the health record. Notes created after each consultation by the physician are stored within the health record for review at any time after logging into the password protected, encrypted system. Finally, audio and video recordings of consultations that occurred on the platform can be accessed later through the consulting history section of the EHR. [NOTE: Assistance creating/updating an EHR is available to Members at no charge and the Technical Support benefit (described below) can be used to deal with issues related to their use of the EHR service.] This tool enables Members to consolidate and manage all of their medical information and history, increase the efficiency and effectiveness of the medical care they receive, and can dramatically reduce healthcare costs over time. This service is included with General Membership and all premium membership programs.

Hospital Bill Auditing -- HCCUA protects Members against hospital overbilling by contracting for the services of a highly-skilled team of physicians, compliance analysts and medical billing specialists who will review or “Audit” a Member’s (or their family member’s) itemized hospital stay bill and certain related records to identify excessive, unwarranted, non-compliant and otherwise invalid charges. Once an Audit is completed, the Member receives a detailed medical bill review report or “MBR” that identifies billing errors, challenges invalid charges, recommends appropriate adjustments, and explains the reasons for each challenge and adjustment. The Member is also provided with a sample letter that explains MBR findings and challenged charges to a hospital billing department, as well as basic guidance on how to deal with the hospital to resolve their bill. This service is included with General Membership and all premium membership programs.

Rx Advocacy/Prescription Expense Assistance – The Prescription Expense Assistance Department works with Members to identify prescription savings opportunities, such as pharmaceutical company patient assistance programs or “PAPs” for which the Member or his/her dependent may qualify, and assists with the completion and submission of application forms, etc. The Department also answers prescription drug formulary and generic drug availability questions and helps to locate lower cost sources for prescription medications Members who do not qualify for a PAP. This service is included with General Membership and all premium membership programs.

Health Advocacy Services -- Members get access via a toll-free telephone number to a healthcare advocate assigned to help them with meeting their healthcare needs and addressing/resolving healthcare related challenges and problems. This can include assistance with: locating providers / locating and scheduling appointments with specialists / obtaining second opinions / preparing for appointments / obtaining and transferring medical records, x-rays and lab results / providing information about conditions and treatments / resolving claim problems and disputes, understanding coding and payment rules, researching out-of-pocket payment responsibilities, and correcting errors related to balance-billing, eligibility, benefit and claim denials / claim denial review and appeals / negotiating medical bill reductions and payment terms / locating financial assistance programs and completing qualification applications / identifying and scheduling health and

wellness services, rehabilitation services, home-care, eldercare, special needs care and transportation services / locating relevant support groups and educational services. Different levels of Healthcare Advocacy support are included in General Membership (only in connection with Hospital Bill Auditing) and the various premium membership programs offered by the Association.

Annual Comprehensive Wellness Testing & Profile -- Members and spouses (if applicable) in many membership classes get an annual Comprehensive Wellness Profile™ blood test, from DirectLabs or LabCorp, free of charge. This Comprehensive Wellness Profile is available for all other members and dependents for a fee significantly below average retail prices. The blood test includes all of the following panels: Complete Blood Count / White Blood Cells / Red Blood Cells / Hemoglobin / Hematocrit / Lymphocytes / Monocytes / Mean-Corpuscular Hemoglobin / Mean-Corpuscular Hemoglobin Concentration / Mean-Corpuscular Volume / Neutrophils / Basophils / Eosinophils / Lymphocytes / Monocytes / Platelets / Red Cell Distribution Width / Liver Profile / Alanine Aminotransferase / Albumin / Albumin/Globulin Ratio / Alkaline Phosphatase / Aspartate Aminotransferase (AST or SGOT) / Total Bilirubin / Total Globulin / Lactate Dehydrogenase (LDH) / Total Protein / Gamma-Glutamyl Transpeptidase (GGTP) / Kidney Panel / Urea Nitrogen (BUN) / Creatinine, Serum / Uric Acid / Bun/Creatinine / Thyroid Panel / Total T-4 (Thyroxine) / T-3 uptake / Free-Thyroxine Index (FTI) / T-7 / TSH / Lipid Profile / Cholesterol / HDL / LDL / Cholesterol/HDL Ratio / Triglycerides / Bone and Minerals / Total Iron / Calcium / Phosphorus / Fluids & Electrolytes / Chloride, Serum / Potassium / Sodium, Serum / Carbon Dioxide / Diabetes / Glucose / PSA (PSA test only provided by Direct Labs). This service is not included with General Membership, but is free of charge for Members in certain premium membership programs.

Licensed Clinical Counseling – Licensed/degreed clinical staff counseling via toll-free telephone number for Members and their immediate family at no charge, 24 hours a day, for a variety of problems, including issues related to marriage, parenting, children/childcare, eldercare, legal/financial difficulties and alcohol/drug abuse. This service is not included with General Membership, but is free of charge for Members in all other membership programs.

Humana Dental/Vision/Pharmacy Savings Program – Members' entire families can get savings on dental care, vision care/products and pharmacy products from over 130,000 providers in the Humana Dental Access Network (typical savings of 20-40%), over 45,000 eye care professionals in the EyeMed Select Vision Care Network and U.S. Laser Network (typical savings of 15-40% on exams/frames/lenses /contacts and 5-15% on LASIK/PRK), and over 54,000 participating pharmacies (average savings of 31% on medications and certain other pharmacy products, with potential savings up to 50%). This benefit is available free of charge for all Members.

OptumHealth Allies Discount Program – Members get discounts on medical services, alternative care, long term care, infertility treatment, etc. from providers who have contracted with OptumHealth/Allies. This benefit is not included with General Membership, but is free of charge for Members in certain other membership programs.

Non-Insurance benefits provided by the Association that do not relate directly to healthcare costs but are beneficial to Members' economic well being include:

Technical Support -- HCCUA provides Members one hour a month of technical support service from certified and licensed technicians via a Secure Remote Environment

(Online/Chat/Phone/etc.) at no charge (additional time available at reduced per-minute rates). Support is available 8am-8pm CST Monday thru Friday, and 8am-2pm CST on Saturdays. This service, which would typically cost \$75-100/hour, can be used in connection with the Telemedicine/HER benefits, or for any basic computer needs large or small, including: software issues, computer maintenance, viruses, spyware, printers, scanners, internet connections, smart phone applications, etc. This service is included free of charge with General Membership and all other membership programs.

Credit Union Eligibility -- HCCUA is an authorized Select Employee Group of IBM Southeast Employees Federal Credit Union, Delta Community Credit Union and Peoples Credit Union (the "Credit Unions"). HCCUA members are automatically eligible for any of the Credit Unions, which typically provide terms and rates for products/services that are better than those available through traditional banks. Credit Union products and services include: savings accounts; checking accounts; money market accounts; certificates of deposit; health savings accounts; credit cards; home loans; auto loans; check cashing cards; free ATM usage; reduced or waived bank fees; etc. This benefit is included free of charge with General Membership and all other membership programs.

Keylogging Defense SystemTM -- Members, at no charge, get software that protects vital information from existing and new keyloggers and eliminates online identity theft by encrypting every keystroke at the keyboard level and rerouting the encrypted keystrokes directly to their browser (via a path invisible to keyloggers), bypassing communication areas that are normally vulnerable to keylogging attacks. The defense system turns on automatically whenever a browser is launched on the Member's computer, and color-codes information fields to visually indicate that they are operating in a secure environment and their keystrokes are protected. This benefit is included free of charge with General Membership and all other membership programs.

Identity Monitoring -- Monitoring of multiple data sources (credit bureau data, DMV's, utilities, private contributory databases, bankruptcy lien and judgment filings and other public records) for activity associated with a Member's identity to detect fraudulent activity that commonly precedes identity theft/manipulation (includes actionable identity alerts). This service detects misuses (or even an elevated likelihood for misuse) of a Member's social security number, name, address, phone, and date of birth via daily monitoring of information related to: credit card accounts, wireless carriers/applications, car loans, mortgages, payday loans, bank accounts, check reorders, utility accounts, DMV records, government data bases, real estate records, court records, criminal records, social security records, etc. This service is not included with General Membership, but is free of charge for Members in most other membership programs.

Identity Theft Restoration Service -- Upon notification of an identity theft incident, Privacy Advocates will act on behalf of the Member as a dedicated case manager to: Investigate and confirm the fraudulent activity, including known, unknown and potentially complicated additional sources of identity theft / Complete and mail customized, pre-populated, state specific "Fraud Packet" via certified mail with pre-paid return instructions / Place phone calls, send electronic notifications, and prepare appropriate documentation on the member's behalf, including dispute letters for defensible complaints to any and all appropriate state agencies and financial institutions / Issue fraud alerts and victim statements when necessary, with the three consumer credit reporting agencies, the FTC, SSA, and U.S. Postal Service / Submit Special Limited Power of Attorney and ID Theft Affidavit to involved creditors for card cancellation and new card issuance / Contact, follow up and escalate issues with affected agencies, creditors, financial institutions, to reinforce

member's rights / Assist the member in notifying local law enforcement authorities to file the appropriate official reports / Utilize real time access to public records reports including DMV, criminal, address changes, liens, and judgments for further investigation where applicable / Provide peace of mind and resolution of key issues from start to finish as swiftly as possible / Provide members with a "Case Completion Kit" including copies of documentation, correspondence, forms and letters for their personal records. This service is not included with General Membership, but is free of charge for Members in most other membership programs.

Identity Theft Coverage -- Member receive up to \$25,000 worth of coverage for costs, expenses and fees related to restoring their identity to its original status, including: (1) lost wages for work time missed at \$500/week for up to 4 weeks; (2) cost and fees for re-filing of loans or applications for loans rejected due to identity theft; (3) costs, fees and expenses for defending civil suits creditors or collection agencies for non- payment of goods or services or default on a loan as a result of a stolen identity event; (4) costs, fees and expenses for removal of any civil judgment wrongfully entered against the insured solely as a result of a stolen identity event; and (5) costs of notarizing affidavits or other similar documents, long distance calls and postage resulting from member's efforts to report identity theft and/or amend or rectify identity records; and (6) cost of up to six credit reports within 12 months after the insured's discovery of a stolen identity event. This service is not included with General Membership, but is free of charge for Members in most other membership programs.

Legal Care Solutions -- Members are entitled to the following free legal services from lawyers in the Legal Club of America Corporation's national attorney network: (1) initial phone and face-to-face consultations for each new legal matter (no time limit); (2) review of unlimited number of independent legal documents (up to 6 pages per document at no charge); (3) simple will and annual update or will; (4) completion of state specific living will form; (5) assistance with member self-representation in small claims court; (6) assistance in solving problems with government programs, such as INS and welfare; (7) when deemed appropriate by plan attorney, he or she will write initial letters on member's behalf (one letter per legal matter, with no limit on the number of new legal matters); and (9) when deemed appropriate by plan attorney, he or she will make initial phone calls on member's behalf (one call per legal matter, with no limit on the number of new legal matters). Members are also entitled to discounted flat rates for certain legal services (e.g., \$89 for traffic ticket defense, \$250 for non-commercial real estate closing, \$275 for simple divorce, \$295 for incorporation, \$750 for Chapter 7 Bankruptcy, etc.) and capped/discounted rates on all other legal work by network attorneys (\$125/hour or 40% off attorney's usual and customary hourly rate and contingency fee discount of 10% off state maximum rate or attorney's usual rate, whichever is lower). This service is not included with General Membership, but is free of charge for Members in most other membership programs.

HCCUA Roadside Assistance Plan From Allstate Motor Club -- Roadside assistance is available 24/7 through a toll-free Roadside Assistance hotline, at no charge, for all members and their spouses/immediate family in premium membership programs, for any disabled cars, motorcycles, small trucks or RVs under 2000 pounds owned by the member or his/her spouse, including: (1) towing and winching up to \$100 anywhere in the U.S. and Canada; (2) free delivery of fuel (member pays for the cost of the fuel delivered); (3) free jump starts and minor on-site repairs; (d) free flat tire changes; (4) free lost key/lockout assistance; (5) emergency trip interruption coverage (up to \$750); (6) legal defense reimbursement (up to \$750); (7) \$5,000 reward paid to any witness providing information that leads to arrest and conviction of anyone stealing member's vehicle; (8) \$5,000 reward paid to any witness

providing information that leads to arrest and conviction of anyone responsible for harm to member or his/her spouse or designated driver because of a hit and run accident; (9) trip planning/mapping services. This service is not included with General Membership, but is part of most other HCCUA membership programs.

Entertainment & Travel Discounts -- Members have access to discounts through Entertainment Publications, Inc. on dining, travel, hotels, car rentals, event tickets, attractions, vacations, flowers, shopping, family recreation, golf, movies, dry cleaning, oil changes, etc. This service is not included with General Membership, but is free of charge for members in most other membership programs. This service is not included with General Membership, but is free of charge for Members in most other membership programs.

Pet Care Savings -- Members are entitled to 25% off on veterinary services from participating veterinarians in the national Pet Assure Veterinarians Network, 10%-30% discounts on pet supplies and specialty items from thousands of participating merchants, and free Pet Assistance Locator Service and pet identification tags. This service is not included in General Membership, but is free of charge for members in most other membership programs.

Financial Education & Credit Counseling -- Gives Members access, via a toll-free telephone number or online, to financial and credit counseling services and financial education, including: Free consultations and complete financial assessment based on review and analysis of household income, expenses, assets and liabilities / Assistance with money management and budgeting/spending plans / Credit & Debt Counseling by Certified Credit Counselors and assistance dealing with creditors and developing debt reduction plans / Answers to questions about loans, home ownership, mortgages, refinancing, etc. This service is not included in General Membership, but is free of charge for members in certain premium membership programs.

Tax Preparation, Advice & Audit Assistance -- Gives Members access, via a toll-free phone/fax/e-mail, to tax preparation, advice and audit assistance services, including: Unlimited personal and sole-proprietor small business federal tax advice / Review of prior year's tax return / Free tax return preparation (1040EZ, 1040A, and 1040) and discounted preparation of form schedules (rate details are included in HCCUA Member Handbook, attached) / Online member portal with on-line member advice and information on tax tips, tax law changes, tax organization, IRS audits, IRS notifications / IRS audit assistance / IRS notification assistance / Tax planning assistance / \$25 discount on other tax services at all Jackson Hewitt locations. This service is not included in General Membership, but is free of charge for members in certain premium membership programs.

8. PLEASE ATTACH BROCHURES ON THE BENEFITS.
See Exhibit 8(a) and 8(b).

9. What qualifies an individual for membership?

Membership in the Association ("Membership") is open to: (i) Companies or organizations that provide, manufacture, design, support, distribute, deliver, promote, sell or otherwise offer Healthcare Efficiency Services (as defined in the By-Laws) or the equipment or technology used in connection therewith, and which meet any other qualifications for Membership established from time to time by the Board for such entities or organizations ("Eligible Organizations"); (ii) Credit unions that

have appointed the Association as a Select Employer Group and meet any other qualifications for Membership established from time to time by the Board for such credit unions “Eligible Credit Unions”); and (iii) Natural persons at least 18 years of age who demonstrate that they actively use Telemedicine, EHR Services, Medical Bill Auditing, Annual Diagnostic Testing, Rx/DME Programs (as each is defined in the By-Laws) or other Healthcare Efficiency Services on a regular basis, and such persons being owners, employees or members of a Participating Organization or Participating Credit Union, and who meet any other qualifications for Membership established from time to time by the Board for such individuals (“Eligible Individuals”).

Members are responsible for demonstrating continuing eligibility annually, and any Member who fails to do so will be terminated (but only after being given notice and a reasonable opportunity to cure).

10. How are members recruited? If by mailing list, advise the source of this list.

The Association is marketed through the HCCUA website and by its staff via press releases, blogs, speaking engagements, participation in other associations and workshops, articles in publications of member credit unions and other groups, etc. It is also marketed by Ican Benefit Group and Memberships are offered by iCan’s employed licensed agents. General Membership in the Association (which only includes non-insurance benefits) is marketed and offered separate from any insurance product, whereas Association group insurance coverage is never marketed or offered separate from the non insurance benefits of HCCUA membership.

11. Attach a copy of the organization by-laws.

See Exhibit 11.

12. Also, enclose a list of dues paying members residing in Arkansas with full addresses. If the organization considers this privileged information, we will treat it as such and once it has served our purpose, it will be destroyed.

See Exhibit 12.

13. Please attach a copy of the organization’s most recent financial statement.

See Exhibit 13.

14. Does the organization receive any compensation of any kind from the insurer issuing contracts to its members?

No.

Approval of the organization as a qualified group for insurance purposes will be determined upon receipt of your reply.

**BY-LAWS OF THE
HEALTHCARE COST CONTAINMENT
UNITED ASSOCIATION, INC.**

1. REGISTRATION & OFFICES

1.1 Registration. The Healthcare Cost Containment United Association, Inc. (the “Association”) is a legal entity that was incorporated as a Florida Corporation Not For Profit on January 10, 1985 and is filed accordingly with the Secretary of State in the State of Florida.

1.2 Registered Office and Agent. The Association shall have and maintain within the State of Florida a registered office at such place as may be designated by the Board. The current address of the registered office of the Association in the State of Florida is 2300 Corporate Blvd. NW, Suite 131, Boca Raton, FL 33431. The name of the registered agent at such address is David M. Glassberg, Esq.

1.3 Other Offices. Administrative offices and operational offices of the Association, where the Association archives are recorded and kept, and where the day-to-day operations of the Association are handled, shall be located within or outside of the State of Florida, at such place or places as the Board shall from time to time designate. The Association currently has operational and administrative offices located at 2300 Corporate Blvd. NW, Suite 131, Boca Raton, FL 33431, and at 9441 LBJ Freeway Suite 102, Dallas, Texas 75243. The Association may maintain additional offices at such other places as the Board may designate.

2. PURPOSE & NATURE OF ASSOCIATION

2.1 Purpose. The Healthcare Cost Containment United Association exists for the purpose of assisting people who are willing to assume responsibility and take concrete action to reduce and contain healthcare costs (the “Purpose”), which assistance may include:

(a) Helping members of the Association (collectively “Members” and each a “Member”) understand, access and use healthcare cost reduction and containment tools and techniques, such as: (i) using telemedicine, telehealth and other electronic media and mechanisms to more economically and efficiently obtain health and medical services (“Telemedicine”); (ii) creating and maintaining an electronic health record on a recognized Personal Health Record system that is widely accessible to any healthcare providers authorized by member (“EHR Services”); (iii) applying medical billing review and analysis methods or services to challenge invalid, excessive and inappropriate healthcare charges (“Medical Bill Auditing”); (iv) employing diagnostic testing, wellness screening and risk assessment measures on a regular basis to facilitate early detection and treatment of health problems (“Annual Diagnostic Testing”); and (v) identifying and applying for available public and private programs to reduce or eliminate

the cost of prescription medications or durable medical equipment and supplies (Rx/DME Programs”);

(b) Promoting, tracking and reporting on both the improvement of existing healthcare cost reduction and containment tools and techniques and the creation and development of new healthcare cost reduction and containment tools and techniques (“Enhanced Technologies”), as well as their availability, awareness and use;

(c) Presenting information and options to enable members to make cost-effective choices about the healthcare and medical services, products and benefits that are most appropriate to meet their needs in light of their particular circumstances;

(d) Giving members access to other benefits, programs, privileges, products and services beneficial to their overall health and economic well being and such other ancillary and incidental benefits as the Board of Directors of the Association (the “Board”) deems appropriate; and

(e) Doing any other act or thing incidental to or connected with the Purpose or the advancement thereof by exercising the powers now or hereafter conferred upon Corporations Not For Profit by the laws of the State of Florida and of the United States.

2.2 Modification of Purpose. A substantial and material modification of the Purpose must be recommended by resolution of the Board and approved by majority vote at a meeting of the members of the Association (collectively “Members” and each a “Member”).

2.3 Not for Profit. The Association is not organized for pecuniary profit nor shall it have any power to issue shares of stock or declare dividends, and no part of its net earnings shall inure to the benefit of any member, director, trustee or individual, other than as may be permitted by law; provided, however, that reasonable compensation may be paid to any such persons or entities for services rendered to or for the Association in furtherance of its Purpose. The balance, if any of all money received by the Association from its operations, after the payment in full of all debts and obligations of the Association of whatsoever kind of nature, shall be used and distributed exclusively for carrying out only the Purposes of the Association set forth in Section 2.1 hereof. In the event of the dissolution of the Association, or in the event it shall cease to carry out the objectives and purposes herein set forth, all business, property and assets of the Association shall be converted to cash and applied first to satisfy just claims against the Association. All payments and claims being satisfied, the balance of assets shall be distributed subject to the applicable provisions of Florida law.

2.4 Education Fund. The Association shall establish and maintain an “Education Fund” to be used to increase awareness and understanding of its Purpose and the availability, value and use of Telemedicine, EHR Services, Medical Bill Auditing, Annual Diagnostic Testing, Rx Programs and Enhanced Technologies (collectively “Healthcare Efficiency Services” and each a “Healthcare Efficiency Services”). All determinations

concerning the management and application of the Education Fund may be made by the Board in its discretion, subject to the applicable provisions of Florida law.

3. MEMBERS

3.1 Eligibility. In keeping with the Purpose, membership in the Association (“Membership”) will be open to: (a) Companies or organizations that provide, manufacture, design, support, distribute, deliver, promote, sell or otherwise offer Healthcare Efficiency Services or the equipment or technology used in connection therewith, and which meet any other qualifications for Membership established from time to time by the Board for such entities or organizations (“Eligible Organizations”); (b) Credit unions that have appointed the Association as a Select Employer Group and meet any other qualifications for Membership established from time to time by the Board for such credit unions “Eligible Credit Unions”); and (c) Natural persons at least 18 years of age who demonstrate that they actively use Telemedicine, EHR Services, Medical Bill Auditing, Annual Diagnostic Testing, Rx/DME Programs or other Healthcare Efficiency Services on a regular basis, and such persons being owners, employees or members of a Participating Organization or Participating Credit Union, and who meet any other qualifications for Membership established from time to time by the Board for such individuals (“Eligible Individuals”). Members will be responsible for demonstrating continuing eligibility on an annual basis, or as otherwise required by the Board, in a manner deemed reasonably sufficient by the Board in its discretion. Notwithstanding anything to the contrary herein or in any terms and conditions of Membership published by the Association from time to time (“Member Terms and Conditions”), Membership shall not be in any way conditioned on any health-status factor relating to any applicant or Member, or relating to any applicant’s or Member’s spouse or dependents.

3.2 Membership. The Members of the Association shall consist of Eligible Organizations, Eligible Credit Unions and Eligible Individuals from whom the Association has accepted and approved an application for Membership, as evidenced by the communication or action of the Association. (Eligible Organizations and Eligible Credit Unions that become Members are hereinafter sometimes referred to collectively as “Organizational Members” and each individually as an “Organizational Member”). Requirements and qualifications for Membership may be changed, modified or waived from time to time only as the Board, deems necessary, appropriate or desirable in general or under particular circumstances; provided, however, that Membership shall not be conditioned on any health-status related factor relating to any individual applicant or Individual Member, or relating to any such person’s spouse or dependents. Membership may not be transferred or inherited.

3.3 Classes. The Association may have different classes of Membership (collectively “Classes” and each a “Class”) having different privileges, benefits and rights as established by resolution of the Board. The Association shall be authorized to issue Memberships to any Class with different benefits than those of any other Class, but each Class shall enjoy the standard privileges and benefits of Membership (“General

Benefits”), voting rights (“Voting Rights”) and the right to collectively appoint a Class representative to the Board Advisory Panel (“Appointment Power”). Notwithstanding anything herein to the contrary, any of the privileges and benefits of any Class may be changed, modified, replaced, substituted, discontinued or eliminated as the Board, in its discretion, deems necessary, appropriate or desirable. Further, the qualifications for any particular Member Class or the circumstances upon which a Member’s Class designation may change shall be determined by the Board of Directors in its discretion.

3.4 Term. Except as may be otherwise specified for any particular Class, the term of Membership of any Member may continue for the life of such Member, so long as such Member continues to pay all required Association dues and fees and meet the qualifications of Membership established by the Association and then applicable to such Member. Any Member may cancel their Membership by delivering notice to the Secretary of the Association, which such cancellation shall be effected in accordance with the Member Terms and Conditions established by the Association and applicable to the Class to which such Member belongs. Notwithstanding anything herein to the contrary, the Board may cancel the Membership of any Member at any time, in accordance with the Member Terms and Conditions established by the Association and applicable to the Class to which such Member belongs.

3.5 Dues and Fees. In order to maintain their Membership in the Association and enjoy the membership privileges and benefits of their respective Classes, all Members shall be required to pay dues and fees in the amount established for their Class, as determined by the Board of Directors from time to time (“Dues”).

3.6 Voting Rights. Every Member shall have Voting Rights that include the right to vote on: (a) the election of Directors at any Annual Meeting of the Members or Special Meeting of the Members called for such purpose; (b) any substantive modification of the Purpose of the Association; (c) any change in the voting rights of the Class to which that Member belongs; and (d) any other matters requiring approval from Members of the Class to which that Member belongs. Each Member entitled to vote on a given matter shall be entitled to one vote on such matter. Any matter subject to or to be decided by Member vote must be approved by a majority of the votes cast by the Members entitled to vote thereon who are present in person and vote at the meeting at which such vote is taken. Members shall not be permitted to vote or express consent or dissent on any matter by proxy.

3.7 Annual Meetings. A meeting of the Members shall be held annually for the election of Directors, to further the Purpose of the Association, and for the transaction of any business as may properly come before the Members.

3.8 Special Meetings. Special meetings of the Members may be called at any time by the Board. The Secretary of the Association shall be notified by the Board of the Special Meeting and, upon receiving such notice, shall promptly give notice of such meeting to the Members. The Board will call a Special Meeting if it receives a written request from more than one third of all of the Members who would be entitled to vote on the matters

to be addressed at such meeting, or from more than half of the Members of any individual Class entitled to vote on the matters to be addressed at such meeting, which request should be addressed to the Board and delivered to the Secretary of the Association.

3.9 Place, Time and Notice of Meetings. Meetings of Members may be held at such place, within or outside the State of Florida, and at such hour as may be fixed in the notice of the meeting. Written notice of each meeting of the Members shall be given which shall state the place, date and hour of the meeting, and, in the case of a Special Meeting, shall state the general purpose or purposes for which the meeting is called. The written notice of any meeting shall be given to each Member of record entitled to vote at the meeting who has not waived such notice, not less than five (5) nor more than sixty (60) days before the date of the meeting. Such notice may be given by mail or by the posting of such notice on any website maintained by or on behalf of the Association (the "Website") that is accessible to such Members via the Internet. If mailed, such notice is given when deposited in the United States mail, postage prepaid, directed to the Member at his or her address as it appears in the Association's records. If posted on the Website, such notice is given when posted. An affidavit of the Secretary that the notice has been given shall, in the absence of fraud, be prima facie evidence of the facts stated therein. When a meeting is adjourned to another time or place, notice need not be given of the adjourned meeting if the time and place thereof are announced at the meeting at which the adjournment is taken. At the subsequent meeting the Association may transact any business that might have been transacted at the original meeting. If the adjournment is for more than thirty (30) days, or if after the adjournment a new record date is fixed for the adjourned meeting, a notice that the adjourned meeting is rescheduled shall be given to each Member of record entitled to vote at the meeting.

3.10 Waivers of Notice. Whenever notice is required to be given by Florida law, the Association's Articles of Incorporation (the "Certificate") or by these By-Laws, such notice may be waived by any Member entitled to such notice, before or after the relevant notice date, by a recorded verbal waiver or a written waiver executed by physical or electronic signature by the Member. The Association may adopt terms and conditions of Membership that provide that notice of Annual and Special Meetings shall be deemed waived by any Member in the absence of a written request to receive notice delivered from such Member to the Secretary of the Association. The attendance of a Member at a meeting shall constitute a waiver of notice of such meeting, except when the person attends a meeting for the express purpose of objecting and does object at the beginning of the meeting to the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of, any Annual or Special Meeting of the Members need be specified in any written waiver of notice.

3.11 Quorum. At any meeting of the Members, the attendance in person of either a majority of all Members entitled to vote at such meeting or two-thirds of the Members of any individual Class entitled to vote at such meeting shall constitute a quorum for the purposes of such meeting (a "Member Quorum"). A majority of the votes cast or

consents given by Members present in person at a meeting and entitled to vote on a matter shall be the act of the Members with regard to such matter; provided, however, that no such vote or consent of the Members will be valid unless there is a Member Quorum present in person at the meeting at which such vote is taken or consent is given. In the event a Member Quorum is not obtained at any meeting of the Members, the Board of Directors shall be entitled to vote, as allowed by Florida Law, on any matter properly before the Members.

3.12 Voting Procedures and Inspectors of Elections. The person presiding at the meeting shall appoint one or more inspectors to act at the meeting. Each inspector, before entering upon the discharge of his or her duties, shall take and sign an oath faithfully to execute the duties of inspector with strict impartiality and according to the best of his or her ability. The inspectors shall: (a) ascertain the number of Members and the voting power of each; (b) determine the Members represented at a meeting and the validity of ballots; (c) count all votes and ballots; (d) determine and retain for a reasonable period a record of the disposition of any challenges made to any determination by the inspectors; and (e) certify their determination of the number of Members represented at the meeting, and their count of all votes and ballots. The inspectors may appoint or retain other persons or entities to assist the inspectors in the performance of the duties of the inspectors. The date and time of the opening and the closing of the polls for each matter upon which the Members will vote at a meeting shall be announced at the meeting. The inspectors shall accept no ballots or votes, nor any revocation thereof or changes thereto after the closing of the polls unless a court of competent jurisdiction, upon application by a Member, shall determine otherwise.

3.13 Presiding Officers and Secretary. At any meeting of the Members, if neither the Chairman of the Board (if any), nor President, nor a person designated by the Board to preside at the meeting shall be present, a majority of the Directors present shall appoint a presiding officer for the meeting. If the Secretary is not present, the appointee of the person presiding at the meeting shall act as secretary of the meeting.

3.14 Informal Action; Meetings by Conference Telephone. Except as otherwise required by Florida Law or restricted by the Articles of Incorporation or these By-Laws, and subject to the express consent of the Board of Directors, the Members may participate in a meeting of the Members by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other at the same time, and such participation shall constitute presence in person at the meeting.

3.15 Order of Business. The order of business at all meetings of Members shall be as follows: (a) roll call; (b) reading of the minutes of the preceding meeting; (c) reports of committees and delegates; (d) reports of officers; (e) old and unfinished business; (f) new business; (g) good and welfare; and (h) adjournment.

4. BOARD OF DIRECTORS

4.1 Power of Board and Qualification of Directors. The powers of the Association shall be exercised, its properties controlled, and its business and affairs conducted and managed by a Board of Directors (the "Board"). The Board shall have the power to locate and establish offices within and outside the state of Florida and make determinations regarding the Association's corporate existence within or outside the state of Florida, as determined from time to time by a vote of the Board. Each Board member (each a "Director") shall be at least eighteen (18) years of age and meet such other qualifications as may be set by resolution of the Board. If a person serving as a Director ceases to satisfy the qualifications required for Board eligibility, as determined by a majority of the other Directors, such person's Directorship shall automatically terminate upon such determination.

4.2 Number and Classes of Directors. The Board shall consist of not less than three (3) nor more than eleven (11) Directors, who shall be divided into classes ("Director Classes") serving staggered terms, and each Director shall belong to the specified class to which he or she is elected; provided, however, that the size of the Board and any Director Class may hereafter be changed at any time by amendment of the By-Laws or by resolution of the Board. At least one Director shall be an Individual Member of the Association. The Board may from time to time designate one Director as Chairman of the Board and one Director as Vice-Chairman of the Board.

4.3 Election of Directors. Directors elected by Member vote will be elected at the Annual meeting of the Members. Notwithstanding anything herein to the contrary, any Board vacancy arising between Annual meetings of the Members, whether created by the death, resignation, termination or removal of a Director or an increase in the size of the Board, shall be filled by a majority vote of the Directors then in office or by the sole remaining Director, even though less than a quorum.

4.4 Term of Directors. Except as otherwise provided in this Section, each Director shall serve for the designated term and until his successor is elected or qualified (unless the Board, at the annual meeting, determines that there is to be no such immediate successor), or until his or her death, resignation, termination or removal. Directors shall serve staggered terms of five (5) years and may serve successive terms. Terms for Class A Directors shall end as of the annual meeting of the Members in 2011 and then as of the annual meeting every fifth year thereafter. Terms of Class B Directors shall end as of the annual meeting of the Members in 2012 and then as of the annual meeting every fifth year thereafter. Terms for Class C Directors shall end as of the annual meeting of the Members in 2013 and then as of the annual meeting every fifth year thereafter. Terms for Class D Directors shall end as of the annual meeting of the Members in 2014 and then as of the annual meeting every fifth year thereafter. Terms for Class E Directors shall end as of the annual meeting of the Members in 2015 and then as of the annual meeting every fifth year thereafter. The term of any Director elected to fill a vacancy created by the death, resignation, termination or removal of another Director shall run for the remaining term of his or her predecessor in office, and until his or her successor is elected and qualified. The term of any Director elected to fill a new position on the Board shall be the same as the other members of the Director Class to which he is

elected or as the Board may otherwise determine. The tenure of incumbent Directors shall not be affected by an increase or decrease in the size of the Board.

4.5 Removal of Directors. Any Director may be removed with cause at a Special Meeting called for such purpose by two-thirds of the votes cast by Members present in person at the meeting and entitled to vote in the election of Directors, provided that the Director in question is given advance written notice of such meeting and subsequent notice of any resulting removal.

4.6 Resignations. Any Director may resign at any time upon notice given in writing or by electronic transmission to the Association. Such resignation shall take effect at the time specified therein, and unless otherwise specified therein no acceptance of such resignation shall be necessary to make it effective.

4.7 Quorum of Directors and Action of the Board. Except as otherwise required by law or otherwise provided in the Articles of Incorporation or these By-Laws, one-third of the total number of Directors shall constitute a Quorum for the transaction of business and the vote of a majority of the Directors present at any meeting at which a Quorum is present shall be the act of the Board.

4.8 Meetings of the Board. An Annual Meeting of the Board shall be held each year for the election of officers and for the transaction of such other business as may properly come before the Board at the meeting. Regular meetings of the Board shall be held at such times as may be fixed by the Board. Special Meetings of the Board may be held at any time whenever called by the Chairman of the Board, if any, the Vice-Chairman of the Board, if any, the President or any two Directors. Meetings of the Board may be held at such places within or outside the State of Florida as may be fixed by the Board for annual and regular meetings and in the notice of meeting for Special meetings.

4.9 Informal Action by Directors; Meetings by Conference Telephone. Unless otherwise restricted by the Articles of Incorporation or these By-Laws, any action required or permitted to be taken at any meeting of the Board may be taken without a meeting if all of the Directors consent thereto in writing, and the writing or writings are filed with the minutes of proceedings of the Board. Unless otherwise restricted by the Articles of Incorporation or these By-Laws, any one or more Directors may participate in a meeting of the Board by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Participation in a meeting by such means shall constitute presence in person at the meeting.

4.10 Compensation of Directors. The Association may pay compensation in reasonable amounts to Directors for services rendered, with the amount of any such compensation to be fixed by the affirmative vote of a majority of the entire Board.

4.11 Board Advisory Panel. Each Class shall have the right to appoint a Member to serve on an advisory panel (the "Board Advisory Panel") to represent the interests of the

Members in general and their Class in particular before the Board. The Board Advisory Panel may meet with the Board at any Annual or Special Meetings prior to any matters being brought for a vote.

5. COMMITTEES

5.1 General Provisions. The Board may designate one or more Committees, each committee to consist of one or more Directors (each a "Committee Member"). The Board may designate one or more Directors as an alternate Committee Member of any committee, and who may replace any absent or disqualified Committee Member at any meeting of the committee. In the absence or disqualification of a Committee Member, the Committee Member or Committee Members present at any meeting and not disqualified from voting, whether or not such Committee Members constitute a quorum, may unanimously appoint another Director to act at the meeting in the place of any such absent or disqualified Committee Member. Any such committee, to the extent provided in the resolution of the Board, shall have and may exercise all the powers and authority of the Board in the management of the business and affairs of the Association, and may authorize the seal of the Association to be affixed to all papers that may require it; but no such Committee shall have the power or authority in reference to the following matters: (a) approving or adopting, or recommending to the Members, any action or matter expressly required by law to be submitted to the Members for approval or (b) adopting, amending or repealing any By-Law of the Association.

5.2 Committee Rules. Unless the Board otherwise provides, each Committee designated by the Board may make, alter or repeal rules for the conduct of its business. In the absence of a contrary provision by the Board or in rules adopted by such Committee, a majority of the entire authorized number of Committee Members of each Committee shall constitute a quorum for the transaction of a business, the vote of a majority of the Committee Members present at a meeting at the time of such vote if a quorum is then present shall be the act of such Committee, and each Committee shall otherwise conduct its business in the same manner as the Board conducts its business under Article IV of these By-Laws. Unless otherwise restricted by the Articles of Incorporation or these By-Laws, any action required or permitted to be taken at any meeting of such Committee may be taken without a meeting if all Committee Members of such Committee consent in writing to the adoption of a resolution authorizing the action. The resolution and the written consents thereto by the Committee Members of the Committee shall be filed with the minutes of proceedings of such Committee. Any one or more Committee Members of such Committee may participate in a meeting of the Committee by means of a conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Participation in a meeting by such means shall constitute presence in person at the meeting.

5.3 Service of Committees. Each Committee of the Board shall serve at the pleasure of the Board. The designation of any such Committee and the delegation thereto of authority shall not alone relieve any Director of his duty under law to the Association.

5.4 Records. Minutes shall be kept of each meeting of each Committee. Copies of the minutes of each such meeting shall be filed with the corporate records.

6. DELEGATES

6.1 General Provisions. The Board may delegate any management responsibilities and tasks to any person, persons, entity or entities (each a "Delegate"), for such period of time as the Board may designate. Each Delegate shall have such authority and perform such duties as may be prescribed by the Board, but no such Delegate shall have power or authority in reference to the following matters: (a) approving or adopting, or recommending to the Members, any action or matter expressly required by law to be submitted to the Members for approval or (b) adopting, amending or repealing any bylaw of the Association. The designation of any such Delegate and the delegation thereto of responsibility and authority shall not alone relieve any Director of his duty under law to the Association.

6.2 Board Oversight, Records and Reporting. The Board shall generally oversee and periodically review the material decisions made and actions taken by each Delegate on behalf of the Association. Each Delegate shall keep thorough records regarding all such decisions and actions and shall report and provide a copy of such records to the Board as provided in the resolution of the Board, or in such manner and with such frequency as the Board may otherwise request.

7. OFFICERS, AGENTS AND EMPLOYEES

7.1 Officers. The Board shall elect or appoint a President, a Treasurer, and a Secretary, and may, if it so chooses, elect or appoint an Executive Director and other officers, and may give any of them such further designation or alternate titles as it considers desirable (each an "Officer"). The same person may hold any two or more offices. An Officer may also serve as a Director of the Association.

7.2 Term of Office, Vacancies and Removal. Each Officer shall hold office for the term for which he or she is elected or appointed and until his or her successor is elected or appointed and qualified or until his earlier resignation or removal. All Officers shall be elected or appointed at the annual meeting of the Board, provided, however, that newly created offices and vacancies resulting from any resignation or removal may be filled by the Board at its discretion at any time prior to the Annual Meeting. An Officer appointed or elected to fill a vacancy shall hold office for the remaining term of his or her predecessor in office, and until his or her successor is elected and qualified. The Board with or without cause may remove any Officer at any time, notwithstanding anything herein to the contrary.

7.3 Resignation. Any Officer may resign at any time by giving written notice to the Association. Unless otherwise specified in the written notice, the resignation shall be effective upon delivery to the Association.

7.4 Powers and Duties of Officers. Subject to the control of the Board, all Officers as between themselves and the Association shall have such authority and perform such duties in the management of the Association as may be provided by the Board and, to the extent not so provided, as generally pertain to their respective offices.

(a) President. The President shall serve at the pleasure of the Board to perform the daily tasks of the Association and shall perform duties customary to that office and shall supervise and control all of the affairs of the Association in accordance with policies and directives approved by the Board.

(b) Secretary. The Secretary shall be responsible for the keeping of an accurate record of the proceedings of all meetings of the Board, shall give or cause to be given all notices in accordance with these By-Laws or as required by Florida law, and, in general, shall perform all duties customary to the office of Secretary. The Secretary shall have custody of the corporate seal of the Association, if any, and shall have authority to affix the same to any instrument requiring it; and, when so affixed, the signature of the Secretary may attest it. The Board may give general authority to any Officer to affix the seal of the Association, if any, and to attest the affixing by his or her signature.

(c) Treasurer. The Treasurer shall have the custody of, and be responsible for, all funds and securities of the Association. He or she shall keep or cause to be kept complete and accurate accounts of receipts and disbursements of the Association, and shall deposit all monies and other valuable property of the Association in the name and to the credit of the Association in such banks or depositories as the Board may designate. Whenever required by the Board, the Treasurer shall render a statement of accounts. He or she shall at all reasonable times exhibit the books and accounts to any Officer or Director of the Association, and shall perform all duties incident to the office of Treasurer, subject to the supervision of the Board, and such other duties as shall from time to time be assigned by the Board. The Treasurer shall, if required by the Board, give such bond or security for the faithful performance of his or her duties as the Board may require, for which he or she shall be reimbursed.

(d) Executive Director. The Executive Director, if one is appointed by the Board or the Chairman of the Board, shall serve as an assistant to the President of the Association and shall perform the duties incident to the day to day operations of the Association and such other duties as shall from time to time be assigned by the Board, or by the President subject to the supervision of the Board.

7.5 Agents and Employees. The Board may appoint agents and employees who shall have such authority and perform such duties as may be prescribed by the Board. The Board may remove any agent or employee at any time with or without cause. Removal without cause shall be without prejudice to such person's contract rights, if any, and the appointment of such person shall not itself create contract rights.

7.6 Compensation of Officers, Agents and Employees. The Association may pay compensation in reasonable amounts to Officers for services rendered, which such

amounts shall be fixed by the Board. The Association may pay compensation in reasonable amounts to agents and employees for services rendered, which such amounts shall be fixed by the Board or, if the Board delegates such power to any Officer or Officers, then by such Officer or Officers. The Board may require Officers, agents or employees to give security for the faithful performance of their duties.

8. MISCELLANEOUS

8.1 Fiscal Year. The fiscal year of the Association shall be the calendar year or such other period as may be fixed by the Board.

8.2 Seal. The Association seal shall be circular in form, shall have the name of the Association inscribed thereon and shall contain the words "Corporate Seal" and "Florida" and the year the Association was formed in the center, or shall be in such form as may be approved from time to time by the Board.

8.3 Checks, Notes, Contracts. The Board shall determine who shall be authorized to collect and receive fees; to sign checks, drafts, or other orders for payment of money; to sign acceptances, notes, or other evidences of indebtedness; to enter into contracts; or to execute and deliver other documents and instruments on the Association's behalf.

8.4 Books and Records. The Association shall keep at its office correct and complete books and records of accounts, the activities and transactions of the Association, minutes of the proceedings of the Board and any Committee of the Association, and a current list of the Members, Directors and Officers of the Association and their residence addresses. Any of the books, minutes and records of the Association may be in written form or in any other form capable of being converted into written form within a reasonable time.

8.5 Amendment of Articles of Incorporation and By-Laws. The Articles of Incorporation of the Association may be amended in whole or in part by a majority vote of the Directors then in office pursuant to the procedures set forth in these By-Laws, the Articles of Incorporation and Florida law; provided, however, that any such amendment shall not become effective unless adopted by two-thirds of the votes cast by the Members entitled to vote on such matter, if the amendment requires Member approval, and present in person at a meeting called for such purpose. The By-Laws of the Association may be adopted, amended or repealed in whole or in part by a majority vote of the Directors then in office.

8.6 Indemnification and Insurance. The Association may indemnify any current or former Director, Delegate, Officer, employee or agent, or any person who may have served at its request as a director, officer, employee or agent of a Delegate or other corporation, partnership, joint venture, trust or other enterprise, whether for profit or not for profit (each a "Representative"), against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement, actually and reasonably incurred by that Representative in connection with any threatened, pending or completed action, suit or proceeding whether civil, criminal, administrative, or investigative (other than an

action by or in the right of the Association), to which that Representative may be or is made a party by reason of acting or having acted as a Representative if that Representative acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interests of the Association and, with respect to any criminal action or proceeding, had no reasonable cause to believe the conduct in question was unlawful. However, there shall be no indemnification in respect to any claim, issue or matter as to which a Representative shall have been adjudged to be liable to the Association unless a court of competent jurisdiction in which such action or suit was brought shall determine upon application that, despite the adjudication of liability, but in view of all the circumstances of the case, such Representative is fairly and reasonably entitled to indemnity for such expenses which the court shall deem proper. Furthermore, the Association may pay expenses (including attorneys' fees) incurred by any Representative in defending any civil, criminal, administrative or investigative action, suit or proceeding in advance of the final disposition of such action, suit or proceeding upon receipt of an undertaking by or on behalf of such Representative, provided that such Representative agrees to repay such amount if it shall ultimately be determined that the Representative is not entitled to be indemnified by the Association under this Article.

Any indemnification (unless ordered by a court) shall be made by the Association only as authorized in the specific case upon a determination by the Board that indemnification of the Representative is proper in the circumstances because the Representative has met the applicable standard of conduct set forth pursuant to Florida law. Such determination shall be made: (1) by a majority vote of the Directors who are not parties to such action, suit or proceeding, even though less than a quorum; or (2) if there are no such Directors or if such Directors so direct, by independent legal counsel in a written opinion.

The provisions of this Article shall be applicable to claims, actions, suits, or proceedings made or commenced after the adoption hereof, whether arising from acts or omissions occurring before or after adoption hereof. The indemnification and advancement of expenses provided by this Article shall not be deemed exclusive of any other rights to which such Director, Delegate, Officer, employee or agent may be entitled under any statute, By-Law, agreement, vote of the disinterested Members or Directors or otherwise, and shall not restrict the power of the Association to make any indemnification permitted by Florida law. The indemnification and advancement of expenses provided by this Article shall, unless otherwise provided when authorized or ratified, continue as to a person who has ceased to be a Representative and shall inure to the benefits of the heirs, executors and administrators of such a person.

The Board may authorize the purchase of insurance on behalf of any past or present Representative against any liability asserted against or incurred by the Representative as a result of acting in the capacity of having the status of a Representative, whether or not the Association would have the power to indemnify against that liability pursuant to Florida law. In no case, however, shall the Association indemnify, reimburse, or insure any person for any taxes imposed on such individual under chapter 42 of the Internal Revenue Code of 1986, as now in effect, or as may hereafter be amended ("the Code"). Further, if at any time the Association is deemed to be a private foundation within the meaning of §

509 of the Code then, during such time, no payment shall be made under this Article if such payment would constitute an act of self-dealing or a taxable expenditure, as defined in § 4941(d) or 4945(d), respectively, of the Code. Moreover, the Association shall not indemnify, reimburse, or insure any person in any instance where such indemnification, reimbursement, or insurance is inconsistent with § 4958 of the Code or any other provision of the Code applicable to corporations described in §§ 501 (c) (3) or 501 (c) (4) of the Code.

If any part of this Article 8 shall be found in any action, suit, or proceeding to be invalid or ineffective, the validity and the effectiveness of the remaining parts shall not be affected.

[REMAINDER OF PAGE INTENTIONALLY BLANK]

First Name	Last Name	Address	Address2
ANTHONY	FISHER	9310 PENDERGRASS RD	
TONEY	HILLIARD	14924 SARA DR	
LINDA	DERAMUS	PO BOX 714	
CORINE	ZACKERY	PO BOX 490	
JOHN MICHAEL	KEE	276 COUNTY ROAD 773	
DONNA	WILSON	PO BOX 252	
DANNY	JONES	802 SW O ST	
BRENDA	KEY	15475 N HIGHWAY 59	
JAMES	HOLLIS	1218 COUNTY ROAD 176	
JOE	BROWN	933 THIESSE LN	
KERRY	JONES	898 HIGHWAY 361	
KAREN	WAMMES	1971 LAKE CLIFF RD	
CHUCK	GOESSMAN	5727 PARK AVE	
BARBARA	RYNHART	PO BOX 276	
ANTHONY	STUCKEY	6122 Shaner Cir	
LEROY	COUCH	PO BOX 861	
GREGORY	GIOVANNINI	2723 JACKSON 197	
PATRICK	CHEATHAM	PO BOX 92	
KEITH	HOOD	345 EAGLE ROCK CIR	
PATRICIA	DANIELS	5558 Cherry Tree Cr.	
ROXANNE	STOUFFER	3222 S 54TH ST	
CATHY	MONTGOMERY	1313 CODY PL	
ALECIA	BALL	19719 I30	
SHARON	MULLINGS	PO BOX 357	
CYNTHIA	JONES	10 TOMINO WAY	
JOHN	LOMAX	PO BOX 1168	
KENNY	GILLESPIE	PO BOX 613	
Michael	Huffman	6531 County Rd 928	
Ron	Haach	1 Driftwood Dr	
Wanda	Smith	313 Cherrydale St	
Virginia	Whittle	200 Madison 2800	
Betty	Paul	PO Box 4	
Kevin	Gauer	210 Arkansas Ave	
Debby	Borkowski	12 Beloit Drive	
LINDA	BLAIR	1001 West Main Street	
Jan	Horner	PO Box 126	
Katherine	Polston	106 Magness Creek Dr	
Joyce	Vincent	207 Phillips 333 Rd.	
Steven	McDaniel	515 Haney Rd	
Jane	Brightop	PO Box 30039	
Ruby	Coleman	PO Box 681	
Linda	Molloy	127 Myrick Lane	
Patricia	McCall	271 Healing Springs Rd	
Lucy	Evans	42 Westchester Ct	
Tommy	Privett	20533 Highway 14 East	

Kennith	Washington	717 E Elm St	
Billy	Fields	15 N Valley Dr	
Tommy	Deason	120 Carwell Circle	
Deborah	Deason	120 Carwell Circle	
David	Crawford	8130 Crawford Rd	
Joseph	Brown	1201 N Broadway St	
Beverly	Pretty	12240 Strain Community Rd	
Paula	Shea	542 Caperton Loop	
Milton	Artley	1301 W Banz Rd	
David	Yarbrough	1419 S Houston St	
John	Lawson	PO Box 183	
Linda	Montgomery	PO Box 126	
Gloria	Henson	141 Tanglewood Drive	
Faye	Price	11 Lake Cove Dr	
Jolene	Stepp	1108 Marylyn St	
Chris	Beaver	PO Box 166452	
Linda	McKay	111 Mulberry St	
Shirley	Cline	2213 West 36th Ave	
Charlotte	Sparks	307 Little Rock St	
Earl	Wilks	10256 Ard Rd	
Ethel	Aikens	PO Box 333	
Henry	Green	3479 Bay Meadow Ave	
Nancy	Harbison	2549 Deerwood Dr	
Tara	Sparks	2009 Morter Pl	
Steve	Gibson	907 9th St	
Joyce	Brown	796 SFC 509	
Mary	Crumley	16051 Hamestring Rd	
Vicki	Tatum	5904 Butler Rd	
Sharon	Juarez	13 Badalona Cir	
Jana	Mallett	306 N. St Joseph St. Apt 1	
Eddie	Mays	422 S Hickory St	
Willie	Beals	112 Emily Loop	
Norma	Mays	PO BOX 288	
Herbert	Jones	3700 E 50th St	
Janet	Wood	PO Box 40	
Paula	Subuh	15005 Old Hwy 5	
Vera	Jackson	204 East Elm Street	
JANA	BASCUE	31 W 7TH ALLEY	
Virginia	Sutter	1108 S Hopkins St	
Robert	Gray	180 Old Highway 13	
Dennis	Antrim	PO Box 324	
Charlotte	Davis	615 N Maple St	#108
Stephanie	Hood	6705 Mount Olive Dr	
Leonard	Meek	PO BOX 115	
Sheena	Conn	4 South 40th St	
Phillip	Graham	6613 Silverthorne Ln	
Brandon	Yarbrough	2715 Jackson St	

Michael	Hogg	4413 Foster Lane	
Russell	Cox	PO Box 1322	
Callie	Baker	3438 HWY 376 S	
Henry	Montgomery Jr	5605 Carbon Ave	
Mahogany	White	3200 Mcfadden Rd	
Dennis	Hunter	PO BOX 477	
Asher	Dennis	7923 Mudge Lane	
Marsha	Cossey	PO Box 3285	
Andrea	Carroll	211 W Taylor St	
Linda	Bryant	840 Neighbors Rd	
Crystal	Hood	PO Box 6	
Shirley	Clark	2406 County Rd 5500	
JoAnna	Bennett	3605 Scott- Salem Rd	
Catherine	Christiansen	171 Grover Ln	
Lesa	Clark	630 Verge Rd	
Melvin	Walker	5920 Trenton Ln	
John	Cridell	816 Central Ave	
Larita	Witcher	403 S Hope St	
Charles	Doyle	PO Box 729	
Ramona	Wilkins	623 N 5th St	
Barbara	Repta	7904 Highway 5 South	
Lajuana	Massey	4805 Union Rd	
Allan	Nelson	8700 Pinnacle Valley Rd	
Virginia	Kumlien	20122 HWY 71 South	
Elizabeth	Bailey	822 Pryor Dr	
Lydia	Golden	45 Rea Cir	
Patricia	Willis	2908 Grinnell Ave	
Melvin	Walker	5920 Trenton Ln	
Ngoc	Clark	4306 Royal Oak Dr	
Ashley	Collins	105 Mallard Park Rd	
Mario	Tobias	8228 Bronco Ln	
Carolyn	Ballard	208 Abernathy Trail	
Barbara	Goodson	33114 Kanis Rd	
Gertrude	Brunson	PO BOX 222	
David	Bliss	PO Box 168	
Jerry	Spruill	1701 Fresno St	Apt 15
Bennie	Johnson	3350 Broken Arrow Rd	
Johnny	Breeding	3339 Highway 32 N	
Edgar	Hensley	103 Lafayette 74	
Zelda	Fisher	101 Stacy St	
Brenda	Pugh	106 Mills Rd	
Mark	Howard	201 Reynolds Ave	
Vershandale	Redden	101 Robert Taylor Rd	
Lila	Gillham	6306 Cantrell Rd	
Angela	Rutzinger	146 Fairwood Cir	
Albert	Copeland	402 N 15th Ave	
Mary	Buchannon	16 Hawthorne St	

Geredine	Hancock	PO Box 397	
JD	Jones	1220 SFC 858	
Billy	Summers	1821 Perkins Dr	Lot 11
David	Sparks	3230 Old Wire Rd	
Gregory	Still	1727 N College Ave	
Bertha	Knights	PO Box 1832	
Kenneth	Williamson	1146 Columbia Road 43	
Kristina	Mullen	939 Silver Springs Rd	
David	Reis	PO Box 848	
James	Mackey	5 Shanna Ln	
Cathy	Branson	1240 Highway 49	
Kenneth	Brewer Sr	2216 S Monroe St	
Brenda	Hooten	3 Black Dog Rd	
James	Compton	20 Meadowbrook Dr	
Connie	Crane	7800 S 25th St	
Donna	Reynolds	350 Coon Creek Lane	
Michael	Mahoney	2600 White Tail St	
Shirley	Mitchell	PO BOX 268	
Anderson	Jones	113 Union St	
Mark	Jones	78 Sfc 331	
Evelyn	Watson	9952 Southshore Dr	
Edward	Bell	304 Simmons Loop	
Karon	Wright	3415 S 64th St	
Sue	Wisener	327 Gaston Dr	
Carol	Jones	305 N 3rd St	
Charise	Harrise	550 Beverly Dr	Apt 302
Karen	Isley	PO BOX 244	
Tommy	Coleman	2181 Coburn Brake Rd	
Jerry	Lord	5123 S 24th St	
Gary	Ellis	106 Phillips St	
Sandra	Ham	140 Chris Rd	
Bobby	Adams	713 Cherry St	
Helen	Cogshell	PO BOX 166693	
Julie	Day	PO Box 60	
Wendy	Quick	605 N 14th St	
Cynthia	Jacobs	628 Tracy Rd	
Jeanne	Miller	14701 Cecil Dr	
Tyisha	Amos	201 Donaghey Ave	UCA Box 4036
Debra	Harris	195 Grant 134	
Joann	Matthews	15401 Rena Rd	
Ernestine	Harper	406 Vanderbilt	
Bryan	Morlan	713 Hinshaw Dr	
Evelyn	Lawson	PO Box 358	
Jacqueline	Prowell	313 N Third	Apt A
Harold	Callaway	3207 S Pennsylvania St	
Leathel	Sanders	1004 North Poplar St	
Clara	Helmick	8619 Camden Cutoff Rd	

Anita	Webb	322 Walker Blvd	
Lindall	Bradford	562 County Road 429	
Mary	Thompson	PO Box 191	
Courtney	Elmore	416 N 3rd St	
Jade	Jordan	117 Carney St	
Sheryl	Bailey	15223 Peaceful Home Rd	
Larry	Crump	9840 Highway 250	
Barbara	Mosely	6402 Pecan Ln	
Carla	Nobles	1055 Sunflower Dr	Suite 105
Alice	Anderson	PO BOX 914	
Nadine	Velasquez	121 Ashley Road 145	
Joe	Vervack	1500 S Albert Pike Ave	Apt 7
STEPHEN	BARNES	5581 BILL-RICE LOOP	
Linda	Wade	501 EAST 30TH ST	
Deloris	Robinson	213 S 9th St	
Columbus	Moss	6915 White Oak Cv	
Gwendolyn	Thompson	16 Rosemoor Circle	
Christine	Burrough	10855 N Hwy 71	
Arthur	Franks	16 Rosemoor Cir	
Anthony	Sullivan	1909 Miller County 73	
Judy	Carpenter	111 Howie St	
Mary	Hawkins	608 E Conway St	
William	Smith	185 Lake Oak Drive	
Josephine	Wofford	604 N Rose St	
Mary	Elmore	PO BOX 259	
Linda	Hall	Pobox 54	
Regina	Frazier	262 Ouachita 18	
Betty	Thrower	100 S Russell St	
Chantey	Collins	P.O Box 152	
Cornelia	Baker	3025 HWY 5 N	LOT 80
Linn	Pyatt	18 ECHOLS ST	
William	Newsome	175 Deborah Cir	
Kevin	Foots	71 western dr	
Christine	Jackson	9213 Monique Dr	
Katerina	Smith	1405 Richard St	
Robin	Hutson	600 N Red St	
Brenda	Whitley	1024 Toler St.	
Kimberly	Bane	27 Private Road 1119	
Vicky	Meade	1095 homecrest drive	
Robert	Johnson	8312 Hills Rd	
Wayne	Blevens	10107 Whispering Pine Dr	
Carla	Everett	111 Camelia Ln	
Sheila	Bergom	1299 Adams Dr	
Estie	Sullivan	3404 Coats Rd.	
Jephri	Hanks	7797 Highway 13 N	
Rebecca	Brooks	8500 Colonel Glenn Rd	
David	Lane	PO BOX 107	

Thomas	Willhite	PO BOX 2931	
Mari Ann	Bittle	PO BOX 2043	
Kenneth	Hall	21698 State Line Rd	
Bradley	Carney	2833 N Double Springs Rd	
Carolyn	Smith	15310 Highway 365 S	
Thelma	King	PO BOX 15955	
Renee	Dunbar	3905 Ginger Dr	
Laura	Berry	PO BOX 232	
Darell	Anthony	726 Oak Lawn Dr	
Derina	Walker	1 Green Acre Dr	
Stephen	Smith	8 Meldia Dr	
Sammie	Mullins	1807 N Maple St	
Connie	Garrett Fitzjurls	5044 Cox Valley Rd	
John	Keen	2315 South 7th St. Suite B	
Terry	Aikens	1830 E Johnson Ave	APT 10
Gloria	Johnson	PO BOX 6442	
Sherry	Honeycutt	124 Halbrook Rd	
Ross	Jordan	200 Lakeland Dr	Apt B1
Toiannette	Williams	8223 Scott Hamilton Dr	Apt D20
Becky	Reichenbach	6 Newton Ln	
Cora	Hensley	4593 Hwy 62 West	
Melvin	Aguilar	4100 Seminole Valley Cir	
Vickie	Givens	902 Grant 756	
Mike	Fagroa	505 Neal St	
Cleophas	Eckford	1912 Lindauer Rd	
Jeanne	Mcclain	PO BOX 57	
Garry	Garrison	7802 Highway 123	
Valoria	Stevens	215 SPRUCE ST	
Debbie	Covey	119 Kemp Ln	
Larry	Atkins	PO BOX 45	
Johnny	Hamby	PO BOX 104	
Barbara	Crowder	750 Highway 167 N	
Winford	Jackson	604 Chambersville Rd	
Cindy	Nichols	736 Lay Rd	
Audrey	Clark	10 Loblolly Dr	
Patrick	Calhoun	PO BOX 394	
James	Webster	201 Virginia Ave	#6
Richard	Bird	1225 Military Rd	
Carol	Horton	228 Reavis Rd	

City	State	Zip
BISCOE	AR	72017
LITTLE ROCK	AR	72206
MENA	AR	71953
WALDO	AR	71770
JONESBORO	AR	72401
EMMET	AR	71835
BENTONVILLE	AR	72712
NATURAL DAM	AR	72948
SUCCESS	AR	72470
SPRINGDALE	AR	72762
STRAWBERRY	AR	72469
HIGDEN	AR	72067
HOT SPRINGS	AR	71901
RATCLIFF	AR	72951
Little Rock	AR	72210
CARLISLE	AR	72024
BRADFORD	AR	72020
MINERAL SPGS	AR	71851
HOT SPRINGS	AR	71901
Blytheville	AR	72315
FORT SMITH	AR	72903
N LITTLE ROCK	AR	72118
BENTON	AR	72015
LAMAR	AR	72846
HOT SPRINGS VILLAGE	AR	71909
MANILA	AR	72442
STAR CITY	AR	71667
Lake City	AR	72437
Sherwood	AR	72120
West Helena	AR	72390
Huntsville	AR	72740
Arkadelphia	AR	71923
Mountain Home	AR	72653
Heber Springs	AR	72543
Blytheville	AR	72315
Pollard	AR	72456
Cabot	AR	72023
West Helena	AR	72390
Violet Hills	AR	72584
Little Rock	AR	72260
Marvell	AR	72366
Hot Springs	AR	71913
Cave Springs	AR	72718
Little Rock	AR	72223
Harrisburg	AR	72432

Prescott	AR	71857
Jacksonville	AR	72076
Cherry Valley	AR	72324
Cherry Valley	AR	72324
Alma	AR	72921
Heber Springs	AR	72543
Fayetteville	AR	72701
Greenwood	AR	72936
Rogers	AR	72758
Fort Smith	AR	72901
Fordyce	AR	71742
Bergman	AR	72615
Cabot	AR	72023
Conway	AR	72032
Springdale	AR	72764
Little Rock	AR	72216
Cabot	AR	72023
Pine Bluff	AR	71603
Wheatley	AR	72392
Dardanelle	AR	72834
Turrell	AR	72384
Benton	AR	72015
Hensley	AR	72065
Rogers	AR	72758
Lewisville	AR	71845
Heth	AR	72346
Fayetteville	AR	72704
Little Rock	AR	72209
Hot Springs Village	AR	71909
Morrilton	AR	72110
Hamburg	AR	71646
Beebe	AR	72012
Rison	AR	71665
Texarkana	AR	71854-8392
Bluffton	AR	72827
Cabot	AR	72023
Earle	AR	72331
MULBERRY	AR	72947
Charleston	AR	72933
Monticello	AR	71655
Pea Ridge	AR	72751
North Little Rock	AR	72114
Texarkana	AR	71854
Decatur	AR	72722
Van Buren	AR	72956
Rogers	AR	72758
Fort Smith	AR	72901

Eldorado	AR	71730
Gentry	AR	72734
Camden	AR	71701
Pine Bluff	AR	71602
Whitehall	AR	71602
Charleston	AR	72933
Sherwood	AR	72120
Greenwood	AR	72936
Angland	AR	72046
Donaldson	AR	71941
Reydell	AR	72133
Ozone	AR	72854
Benton	AR	72019
Bald Knob	AR	72010
Prim	AR	72130
Little Rock	AR	72209
Stamps	AR	71860
Waldo	AR	71770
West Fork	AR	72774
Fort Smith	AR	72901
Mountain Home	AR	72653
Texarkana	AR	71854
Little Rock	AR	72223
Boles	AR	72926
West Memphis	AR	72301
Warren	AR	71671
Fort Smith	AR	72908
Little Rock	AR	72209
Fort Smith	AR	72904
Searcy	AR	72143
Sherwood	AR	72120
Pocahontas	AR	72455
Paron	AR	72122
Fulton	AR	71838
Bauxite	AR	72011
Fort Smith	AR	72901
Star City	AR	71667
Hope	AR	71801
Taylor	AR	71861
Hot Springs National Park	AR	71901
Harrisburg	AR	72432
Pine Bluff	AR	71602
Marianna	AR	72360
Little Rock	AR	72207
Hot Springs	AR	71913
Paragould	AR	72450
Dumas	AR	71639

Palestine	AR	72372
Palestine	AR	72372
Jonesboro	AR	72404
Springdale	AR	72764
Fayetteville	AR	72703
Nashville	AR	71852
Mc Neil	AR	71752
Evening Shade	AR	72532
Ozark	AR	72949
Maumelle	AR	72113
Rector	AR	72461
Little Rock	AR	72204
Morrilton	AR	72110
Conway	AR	72034
Fort Smith	AR	72908
Batesville	AR	72501
Benton	AR	72019
Warren	AR	71671
Forrest City	AR	72335
Forrest City	AR	72335
Hackett	AR	72937
Rose Bud	AR	72137
Springdale	AR	72762
Norman	AR	71960
Cabot	AR	72023
El Dorado	AR	71730
Cave City	AR	72521
Humnoke	AR	72072
Fort Smith	AR	72901
Berryville	AR	72616
Blytheville	AR	72315
Forrest City	AR	72335
Little Rock	AR	72216
Witts Spring	AR	72686
Fort Smith	AR	72901
White Hall	AR	71602-9122
Little Rock	AR	72223
Conway	AR	72035
Sheridan	AR	72150
Little Rock	AR	72206
West Memphis	AR	72301
Springdale	AR	72762
Sweet Home	AR	72164
West Helena	AR	72390
Pine Bluff	AR	71601
North Little Rock	AR	72114
Pine Bluff	AR	71603

Blytheville	AR	72315
Rector	AR	72461
Harrell	AR	71745
Ozark	AR	72949
Hot Springs	AR	71901
Natural Dam	AR	72948
Waldron	AR	72958
Little Rock	AR	72206
Conway	AR	72034
Carlisle	AR	72024
Hamburg	AR	71646
Fort Smith	AR	72903
DEVALLS BLUFF	AR	72041
PINE BLUFF	AR	71601
Hampton	AR	71744
Pine Bluff	AR	71602
Little Rock	AR	72209
Moutainburg	AR	72946
Little Rock	AR	72209
Doddridge	AR	71834-1824
Crossett	AR	71635
Morrilton	AR	72110
Mountain Home	AR	72653
Stuttgart	AR	72160
Mountain Pine	AR	71956
Jessieville	AR	71949
Camden	AR	71701-9740
Fordyce	AR	71742
Altheimer	AR	72004
Benton	AR	72019
UREKA SPRINGS	AR	72632
Lake Village	AR	71653
whitehall	AR	71602
Little Rock	AR	72204
Hot Springs	AR	71913-5618
Sheridan	AR	72150-7648
Malvern	AR	72104
Fouke	AR	71837-9753
piggott	AR	72454
N. Little Rock	AR	72117
Little Rock	AR	72209
Bald Knob	AR	72010
Quitman	AR	72131
Benton	AR	72015
Carlisle	AR	72024
Little Rock	AR	72204
Almyra	AR	72003

West Helena	AR	72390
Searcy	AR	72145
Sulphur Springs	AR	72768-9012
Fayetteville	AR	72704
Little Rock	AR	72206
Little Rock	AR	72231
Benton	AR	72019
Uniontown	AR	72955
Marion	AR	72364
Texarkana	AR	71854
Little Rock	AR	72209
Stuttgart	AR	72160
Magazine	AR	72943-8722
Rogers	AR	72758
Jonesboro	AR	72401
Pine Bluff	AR	71611
Clinton	AR	72031
Hot Springs	AR	71913
Little Rock	AR	72209
Bell Vista	AR	72715
Eureka Springs	AR	72632
Springdale	AR	72764
Sheridan	AR	72150
Jacksonville	AR	72076
Forrest City	AR	72335
Pearcy	AR	71964
Lamar	AR	72846
HOT SPRINGS	AR	71913
Hot Springs	AR	71913-8869
Bearden	AR	71720
Bradford	AR	72020
Kingsland	AR	71652
Fordyce	AR	71742
Dover	AR	72837
Little Rock	AR	72204
Bald Knob	AR	72010
Trumann	AR	72472
Jacksonville	AR	72076
Turrell	AR	72384

JOHN P. MILLER C.P.A., P.A.

Certified Public Accountant

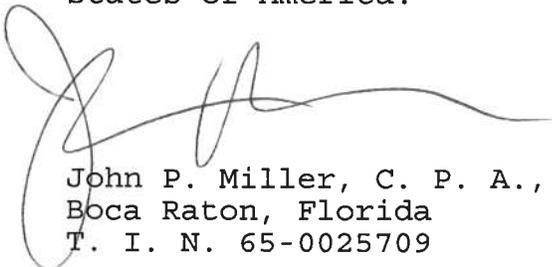
2499 Glades Road
Suite 304
Boca Raton, Florida 33431
Boca Raton: (561) 368-9777
Broward: (954) 943-4603
Fax: (561) 368-6477
Email: jpmcpapa@bellsouth.net

To the Board of Directors
Healthcare Cost Containment United Association, Inc.
Boca Raton, Florida 33431

I have reviewed the accompanying statement of financial position of Healthcare Cost Containment United Association, Inc. (a not-for-profit organization) as of December 31st, 2010 and the related statements of activities and cash flows for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of the Health Care Credit Union Association, Inc.

A review consists principally of inquiries of an organization's personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with auditing standards generally accepted in the United States of America, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, I do not express such an opinion.

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.



John P. Miller, C. P. A., P. A.
Boca Raton, Florida
T. I. N. 65-0025709

September 6th, 2011

HEALTHCARE COST CONTAINMENT UNITED ASSOCIATION, INC.
STATEMENT OF FINANCIAL POSITION
DECEMBER 31st, 2010

ASSETS	
Cash and Cash Equivalents	\$7,323
Accounts Receivable	60,846
Prepaid Expenses	1,488

Total Assets	\$69,657
	=====
LIABILITIES	
Accounts Payable & Accrued Expenses	\$4,239
Management Fees Payable	275,588

Total Liabilities	\$279,827
NET DEFICIT--Unrestricted	(210,170)

Total Liabilities & Net Deficit	\$69,657
	=====

Please Read Accountant's Review Report and Accompanying Notes

HEALTHCARE COST CONTAINMENT UNITED ASSOCIATION, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDING DECEMBER 31st, 2010

Revenues:	
Membership Fees	\$607,738
Other Income	319,171

Total Revenues	\$926,909
Expenses:	
General & Administrative Expenses	\$241,263
Management Fees	424,807

Total Expenses	\$666,070

Excess (Deficiency) of Revenues over Expenses before Income Taxes	\$260,839
Income Taxes	1,649

Excess (Deficiency) of Revenues over Expenses	259,190
Net Deficit, December 31st, 2009	(469,360)

Net Deficit, December 31st, 2010	(\$210,170)
	=====

HEALTHCARE COST CONTAINMENT UNITED ASSOCIATION, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDING DECEMBER 31st, 2010

Cash Flows from Operating Activities:	
Change in Unrestricted Net Assets	\$259,190
Adjustments to Reconcile Change in Unrestricted Assets	
Assets to Net Cash (Used in) Operating Activities:	
(Increase) Decrease in Accounts Receivable	44,923
(Increase) Decrease in Prepaid Expenses	849
Increase (Decrease) in Accounts Payable	(2,875)
Increase (Decrease) in Management Fees Payable	(302,786)

Net Cash Flows from Operating Activities	(\$699)

Net (Decrease) In Cash and Cash Equivalents	(699)

Cash and Equivalents at December 31st, 2009	\$8,022

Cash and Equivalents at December 31st, 2010	\$7,323
	=====

Healthcare Cost Containment United Association, Inc.

Notes to Financial Statements

As of December 31st, 2010

Note 1: NATURE OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Healthcare Cost Containment United Association, Inc. (the Organization) was organized as a not-for-profit organization under the laws of the State of Florida on January 8th, 1985. The Organization was established to enhance its' members' physical, financial and personal health and well-being. Members of the organization receive comprehensive benefit services. Comprehensive benefit services include, but are not limited to: legal services, ID theft recovery, roadside assistance, entertainment benefits, pet benefits, and tax preparation and advice. Members have access to limited health insurance and other benefits. The Organization derives most of its revenue from the monthly membership fees it receives from its members.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all unrestricted highly liquid investments with an initial or remaining maturity of three months or less to be cash equivalents.

Membership Fees

The Organization offers its members access to limited health insurance benefits and other comprehensive benefit membership programs in return for monthly membership fees. Membership fees are recognized in the month the member joins the program and are non-refundable.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expense during the reporting period. Actual results could differ from those estimates and the differences could be material.

Income Taxes

The Organization accounts for income taxes under the liability method. Under this method, deferred tax liabilities and assets are determined based on the difference between the financial statements and tax basis of assets and liabilities, using enacted tax rates in effect for the year in which the differences are expected to reverse.

Significant judgment is required in determining the Organization's provision for income taxes, its deferred tax assets and liabilities and any valuation allowance recorded against those deferred tax assets. The Organization had a deferred tax asset of \$34,759 as of December 31st, 2010, resulting from net operating loss carry-forwards. A full valuation allowance has been recorded related to the deferred tax asset due to the uncertainty of realizing the benefits of certain net operating loss carry-forwards before they expire. The Organization will continue to assess the likelihood that the deferred tax asset will be realizable and the valuation allowance will be adjusted. Accordingly, no income tax benefit has been recorded in the accompanying statement of activities as a result of the excess of revenue over expenses for the year ended December 31, 2010.

In June 2006, the Financial Accounting Standards Board published FASB Interpretation No. 48 (FIN No. 48) "Accounting for Uncertainty in Income Taxes" to address the non-comparability in reporting tax assets and liabilities resulting from a lack of specific guidance in FASB Statement of Financial Accounting Standards No. 109 (SFAS No. 109) "Accounting for Income Taxes" on the uncertainty in income taxes recognized in an enterprise's financial statements. Specifically, FIN No. 48 prescribes: (a) a consistent recognition threshold; and (b) a measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return, and provides related guidance on recognition, classification, interest and penalties, accounting interim periods, disclosure and transition. FIN No. 48 requires companies to determine whether it is "more likely than not" that a tax position will be sustained upon examination by the appropriate taxing authorities before any part of the benefit can be recorded in the financial statements. For those tax positions where it is "not more likely than not" that a tax benefit will be sustained, no tax benefit is recognized. Where applicable associated interest and penalties are also recorded. FIN No. 48 applies to fiscal years beginning after December 15, 2006 with earlier adoption permitted.

The Organization adopted the provisions of FIN No. 48 on January 1, 2007. As a result of the implementation of FIN No. 48, the Organization had no changes in the carrying value of its tax assets or liabilities for any unrecognized tax benefits.

NOTE 2: CONCENTRATION OF CREDIT RISK

Financial instruments that potentially subject the Organization to concentration of credit risk consist principally of cash and cash equivalents.

The Organization maintains its cash in bank deposit accounts, which, at times, may exceed Federal Deposit Insurance Corporation ("FDIC") insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents.

The Organization places its cash with the larger financial institutions. Cash held by these financial institutions was not in excess of FDIC limits as of December 31, 2010.

NOTE 3: COMMITMENTS

Staffing, Support Services and Consulting Agreement

On September 1, 2007, the Organization entered into a staffing, support services and consulting agreement ("Consulting Agreement") to handle the day-to-day operations of the Organization, including expanding and promoting membership benefits and daily oversight of activities. On March 1, 2008, the Organization and the consulting firm mutually agreed to terminate the Consulting Agreement.

Program Management and Marketing Agreement

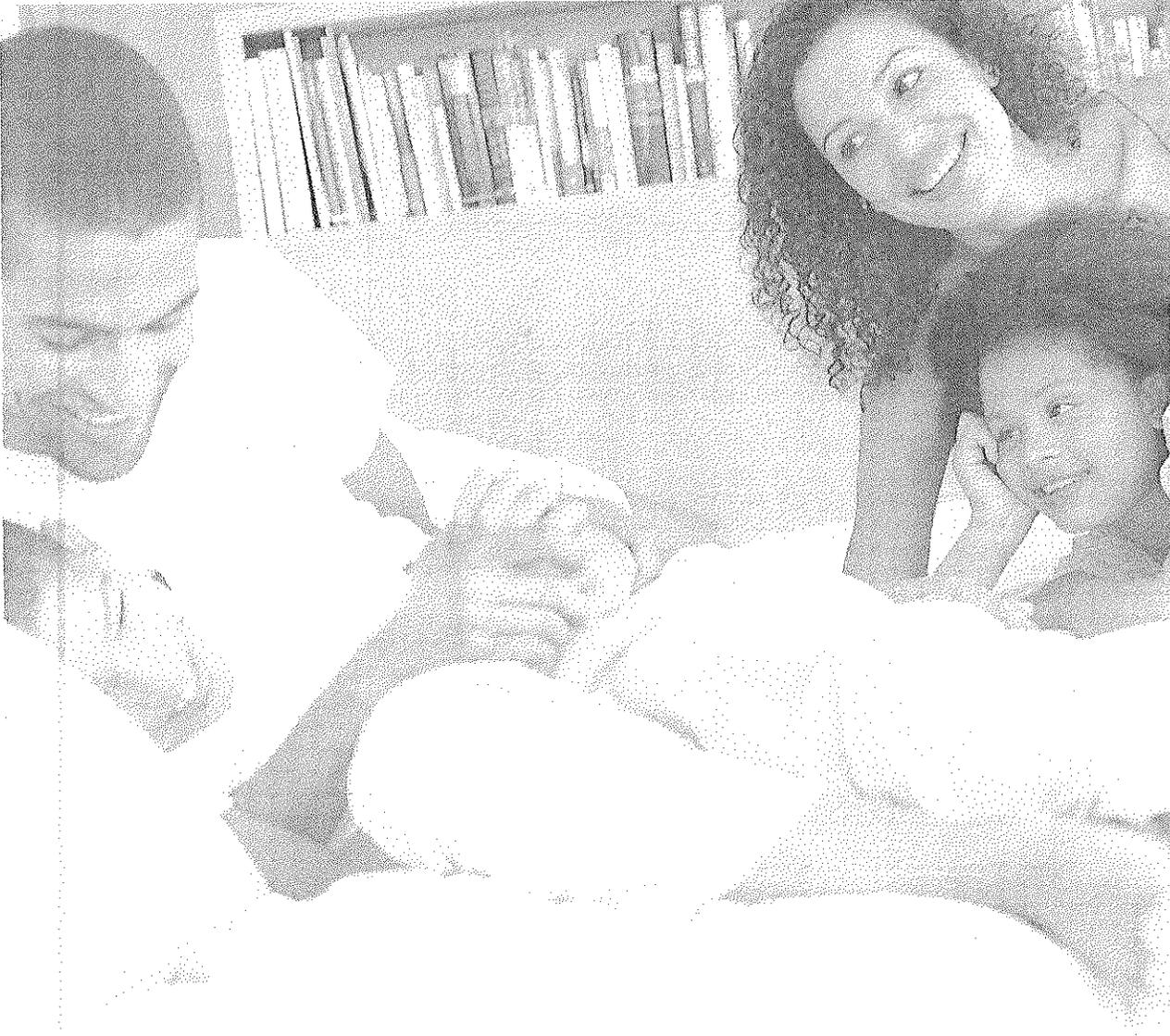
On September 12th, 2006, the Organization entered into a sales, marketing, and management agreement with Ican Benefit Group, LLC ("Ican Benefit") to be its exclusive representative to develop, manage, market, and support the Organization's programs for a term of 10 years. Management fees paid to Ican Benefit totaled \$420,807 for the year ended December 31st, 2010. Amounts payable to Ican Benefit for management services totaled \$275,588 at December 31st, 2010.

NOTE 4: INCOME TAXES

Income taxes of \$1,649 were paid in the year ended December 31, 2010 related to activities for profit. The Organization has federal and state net operating losses being carried forward from prior years, which resulted in a deferred tax asset of \$34,759 as of December 31, 2010. Therefore, there were no other temporary differences giving rise to deferred tax assets. The Organization has not recorded a full valuation allowance with respect to any future tax benefits arising from this net deferred tax asset due to the uncertainty of its ultimate realization. The valuation allowance decreased by \$39,241 during the year ended December 31, 2010.

HCCUA®

Creating extraordinary lives



Member Handbook

HCCUA member programs
managed and supported by



Healthcare Cost Containment United Association
BM0812

Welcome



W elcome to the Healthcare Cost Containment United Association!

The Healthcare Cost Containment United Association (the "Association," "HCCUA" or "we") is an organization that exists to assist people who are willing to assume responsibility and take concrete action to reduce and contain their own healthcare costs. We do that by helping members understand, access and use healthcare cost reduction tools and techniques. The Association provides you with programs, services and valuable benefits; as well as, the knowledge and guidance you'll need to take an active role in reducing your healthcare costs. By empowering our members to reduce their personal and family healthcare expenses, we can make a difference. You don't have to hope for a government solution to the healthcare crisis; if you're willing to do your part, we're here to help right now!

When it comes to taking care of your health and other important areas of life, the Association provides many wonderful tools, including money saving health and lifestyle benefits, such as prescription expense assistance (Rx advocacy) and telehealth, which gives you access to licensed physicians by secure video, phone or email. We show you ways to maintain and protect your health, and reduce your need for healthcare. Our knowledgeable representatives are trained to help you select services wisely and manage the costs when you do need health services. HCCUA membership programs include benefits to help you cut general expenses too, like legal or travel expenses that can add up quickly, because every additionally available dollar will enable you to pay for the healthcare you do need.

HCCUA constantly strives to provide the best possible resources and services to educate, serve and protect you. Even reasonably priced healthcare can be extremely expensive, particularly if you are one of the millions who cannot get or afford traditional coverage. For this reason HCCUA offers certain membership options that include affordable types of health insurance benefits provided by major insurance carriers on a group basis. If you are not taking advantage of these great programs, call Member Services today and they will explain your options.

We are proud to present you with the benefits described in this Member Handbook. If you have any questions, comments or suggestions we would love to hear from you. Our highly trained Member Service Representatives are standing by to help you maximize the value of your membership. We can be reached toll-free at 866-227-5400 Monday through Friday between 9am and 5:30pm EST or email us at membership@hccua.org.

Wishing you an Extraordinary Life!
Healthcare Cost Containment United Association

MEMBERSHIP PROGRAM COMPARISON CHART

		HCCUA General Membership	HCCUA Lifestyle Plus Membership	Complete Choice Today 1000(A) - 1500	Complete Choice Today 3500 - 6500	America's Complete Choice
GENERAL MEMBERSHIP BENEFITS						
Prescription Expense Assistance (Rx Advocacy)	Page 5	✓	✓	✓	✓	✓
TeleHealth Services	Page 8	✓	✓	✓	✓	✓
Electronic Health Record	Page 11	✓	✓	✓	✓	✓
Hospital Bill Audit Services	Page 12	✓	✓	✓	✓	✓
Technical Support	Page 14	✓	✓	✓	✓	✓
Diagnostic Imaging Network	Page 15	✓	✓	✓	✓	✓
PREMIUM MEMBERSHIP BENEFITS (See Supplemental Handbook)						
Licensed Clinical Counseling		X	✓	✓	✓	✓
ID Theft Monitoring, Resolution & Insurance ¹		X	✓	✓	✓	✓
Legal Care Solutions		X	✓	✓	✓	✓
Roadside Assistance		X	✓	✓	✓	✓
Entertainment & Travel Discounts		X	✓	✓	✓	✓
Pet Care Savings		X	✓	✓	✓	✓
Health Advocacy Services		X	✓	✓	✓	✓
Comprehensive Wellness Testing & Profile ²		X	✓	✓	✓	✓
Career Defender		X	X	✓	✓	✓
Payment Protector		X	X	✓	✓	✓
Financial Education & Credit Counseling		X	X	X	✓	
Professional Tax Preparation, Advice & Audit Assistance		X	X	X	✓	
HEALTH DISCOUNT BENEFITS (See Supplemental Handbook)						
Pharmacy Discounts		X	X	✓	✓	✓
Dental Care Discounts ³		X	X	✓	✓	✓
Vision Care Discounts ³		X	X	✓	✓	✓
DEFINED GROUP INSURANCE BENEFITS⁴ (See Supplemental Handbook)						
Sickness & Accident Hospital Indemnity Plans Provided		X	X	✓	✓	✓
Accident Medical Expense / Accidental Death & Dismemberment Plan Provided		X	X	✓	✓	✓
TERMS & CONDITIONS						
HCCUA Membership Terms & Conditions	Page 16	✓	✓	✓	✓	✓

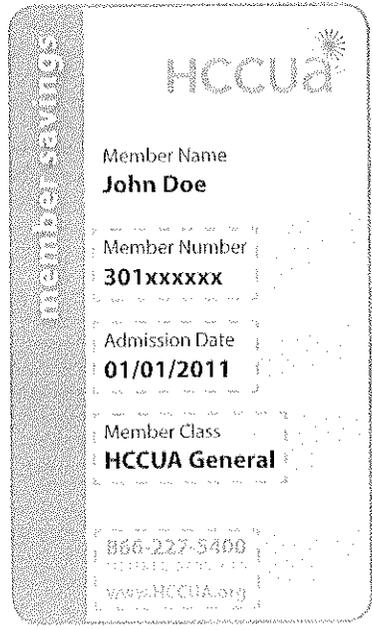
- 1 - Currently not available in NY
- 2 - Not available to Members in NY, NJ, RI
- 3 - Not available to Members in NV
- 4 - Please refer to the www.HCCUA.org website for state specific restrictions

General Information



YOUR HCCUA MEMBERSHIP CARD

Your membership card contains a few pieces of important information that you'll need to use your benefits. Some membership programs include multiple cards so review your entire Membership Kit carefully. Keep your ID cards in your wallet so you'll have access to them when you are ready to start using your valuable benefits.



Please have this number available when you call Member Services.

You may begin using your benefits as of this date.

Your HCCUA Membership type.

HCCUA contact info.

100% RISK-FREE REVIEW & MONEY-BACK PLEDGE

If you decide that you are not satisfied for any reason you can cancel and receive a FULL refund provided you have not used your benefits and return your fulfillment materials postage paid. You must request cancellation within the first 10 days of the effective date shown on your HCCUA membership card.*

(See Terms and Conditions for complete details)

**If your fulfillment materials are not mailed back postage paid, we will deduct 25% or \$10, whichever is greater, from your enrollment fee. In order to not affect your refund, the complete fulfillment materials must be returned by a trackable means (ie. Fedex, UPS, USPS) to HCCUA within 30 days of the effective date.*

PRESCRIPTION EXPENSE ASSISTANCE (RX ADVOCACY)

With the ever increasing cost of prescription medications, the HCCUA wants you to know that there are many ways to reduce or even eliminate many of your medication expenses. This is why we have set up a Prescription Expense Assistance Department that works with you to identify prescription savings and fee waiver opportunities and navigate the system, freeing up extra money to spend on meaningful healthcare. You are probably asking yourself, "How does this work?"

Most Americans are not aware of the help that is available to reduce, or in some cases eliminate their costs for brand name and generic medications. Our staff at HCCUA is well equipped and educated in researching and identifying programs to assist in these types of situations. We will not only help you find the appropriate options, but will assist with the application process and paperwork. Best of all, this comes at no additional charge to you!

HOW DOES IT WORK?

If you currently need prescription assistance, please complete the following documents and return them in the enclosed prepaid envelope:

- Prescription Assistance Form
- Authorization for Use and Disclosure of Protected Health Information
- Membership Billing Confirmation Letter

Make sure to return the completed **Membership Billing Confirmation Letter** in the prepaid return envelope as soon as possible, whether you need prescription assistance or not.

If you need prescription assistance at a later time, you can always complete the prescription forms and mail them to:

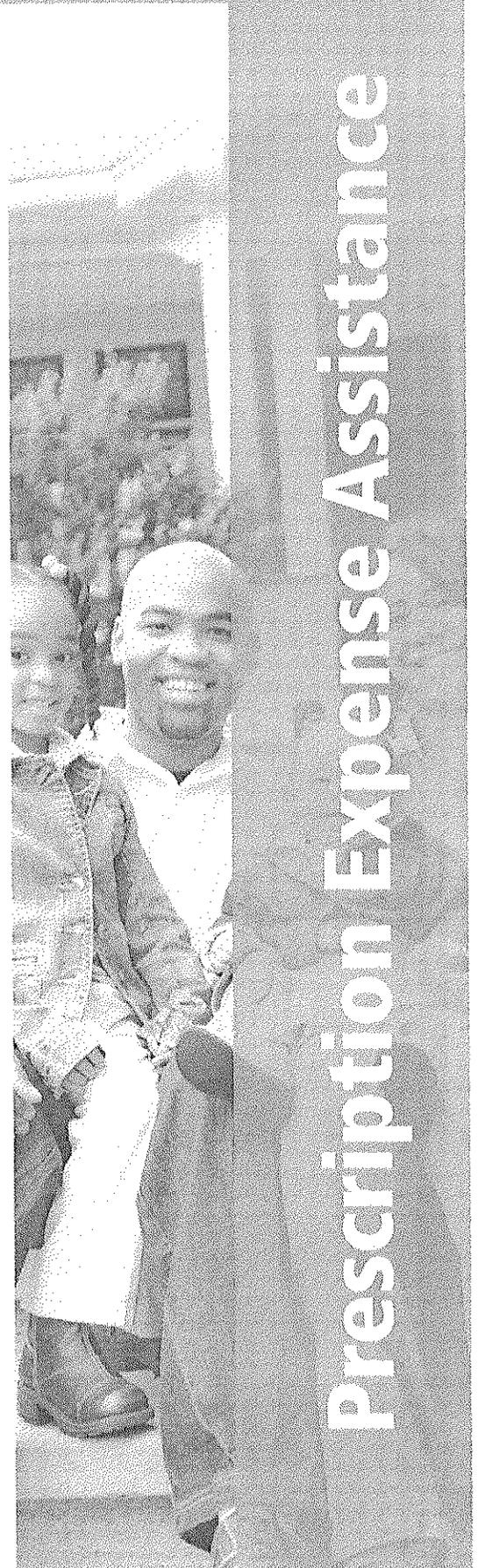
HCCUA
5030 Champion Blvd., G11 #134
Boca Raton, FL 33496

Once you send back the completed form please contact Member Services to set up an initial appointment to speak with one our Prescription Specialists. The specialist will then verify all your information, explain how the process works, and answer various questions you might have. Then all you have to do is sit back and let us go to work for you. It is that easy!

WHAT IF I HAVE ADDITIONAL QUESTIONS IN THE FUTURE?

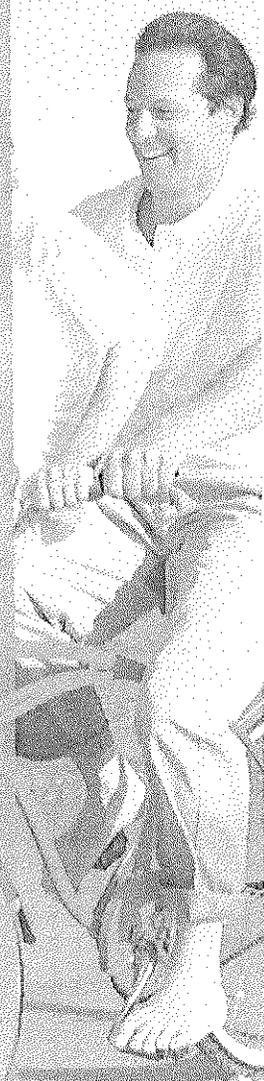
Our outstanding member services team is always here to assist in any question you have regarding utilizing your coverage to best work for you. We can be reached at 866-227-5400. Once again, we at the HCCUA like to welcome you to our family and anything you need we are just a phone call away.

>> continued



Prescription Expense Assistance

Prescription Expense Assistance



COMMON CONDITIONS FOR RX ASSISTANCE

Condition	Names of Medications (Not Limited To)	
ADD/ADHD	Vynanse	Concerta
Antibiotics	Flagl	Vibramycin
Antidepressants	Abilify Celexa Prozac	Lexapro Zoloft Lithium
Arthritis/Fibromyalgia	Meloxicam Naproxen	Cymbalta Ibuprofen
Asthma/COPD	Advair Proventil Spirivia Metoprolol Atarax	Albuterol Pro Air Ventolin Combivent Singulair
Bi-Polar	Lamictal Depakote	Lithobid
Blood Pressure	Lisinopril Accupril Attace Cozaar Benicar	Toprol Tenormin Bumex Diovan
Breast Cancer	Tykerb Arimidex Neupogen Taxotere Zoladex Tamoxifen	Femara Herceptin Ixempra Evista Zometa
Cervical Cancer	Gardasil	
Chemo Drugs	Sancuso Zofran Emend	Bexxar Aloxi
Cholesterol	Crestor Tricor Pravastatin Welchol Vytorin	Zocor Lipitor Lovastitan Zetia
Colon Cancer	Avastin Betaseron Vectibix	Xeloda Erbitux
Diabetes	See diabetes medications chart	
HIV/AIDS	Epivir Fuzeon T-20 Combivir Trizivir Atripla	Retrovir Epzicom Emtriva Truvada
Kidney Disease	Afinitor Votrient Sensipar	Sutent Nexavar Torisel
Leukemia	Arzerra Treanda Tasigna	Sprycel Arranon Clolar (Pediatric)
Lung Cancer	Tarceva	Hycamtin
Lupus/Chrohns	Plaquenil Depo-Medrol	Cytoxan

DON'T SEE YOUR MEDICATIONS?

No problem, call Member Services and speak with a representative who will go through a full list of medications and supplies that we can help you with.

PRESCRIPTION EXPENSE ASSISTANCE (RX ADVOCACY)

Condition	Names of Medication/ Acronym/ Abb.	
Lymphoma	Rituxan Treanda	Folotyn Arranon
Melanoma	Intron A Emeno	Temodar DTIC
Mesothelioma	Alimta	Cytosan
Multiple Sclerosis	Copaxone Rebif	Betaseron Avonex
Ovarian Cancer	Doxil Carboplatin	Gemzar Cisplatin
Pain Management	Oxycontin Celebrex Fentanyl	Naproxen Ultram
Prostate Cancer	Lupron Privigen Jevtana Gardasil	Zoladex Cipro Eligard Uroxatral
Thyroid	Synthroid Levoxyl	Levothroid

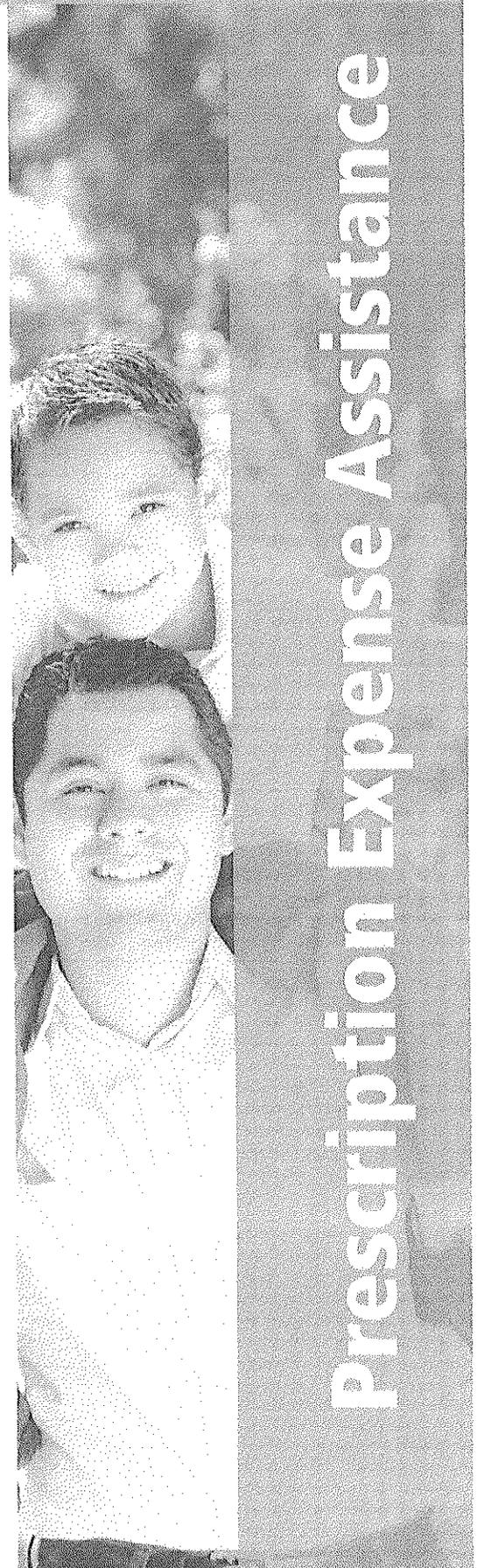
HOW CAN WE HELP?

Our staff will work with you to identify which medications you are currently taking and programs that are available to help you reduce your costs. Here are some of the ways that we can typically help (where and when available):

- Free Medications
- Discounted Medications
- Small Co-Pays
- Mail Order Options

COMMON DIABETES MEDICATIONS CHART

Medication/Supplies	Names of Medications/Supplies	
Insulin	Lantus Byatta Humalog Humulin Symlin	Novalog Onglyza Levemier Novolin R&N
Meters	Please call and ask our representatives about available programs	
Test Strips		
Needles		
Lancets	Simple Lancedet Automatic Lancet Device Laser Lancet	
Medication (Oral)	Metformin Glyberide Actos Glucotrol (Glipizide)	Janvament Avandia



Prescription Expense Assistance

TeleHealth Services

The Doctor will see you now!

InteractiveMD provides the newest and most advanced round the clock healthcare delivery system, allowing you to consult with a doctor live from the comfort of your own home or office by secure video, phone or email. To schedule an appointment with a physician all you have to do is call 1-888-866-7909 or go online and login into your account.

There are two types of consultations that are available to HCCUA Members using InteractiveMD*:

INFORMATIONAL CONSULTATIONS give you the opportunity to get general medical advice from a licensed physician on common questions you might have, and are available by secure email through the system.

MEDICAL CONSULTATIONS can provide you with a more thorough assessment and possible diagnosis and treatment of a wide range of common medical conditions from a licensed physician by video conference or phone. This type of consultation requires the physician to perform a full review of your electronic health record, including your current condition and the reason for the consultation prior to any diagnostic assessment.

HCCUA Membership Programs	Included Informational Consultations	Additional Informational Consultations	Included Diagnostic Consultations	Additional Diagnostic Consultations
HCCUA General & Lifestyle Plus Membership	2 per year	\$15 per consult	None	\$40 per consult
Complete Choice Today (All Levels) America's Complete Choice	2 per year	\$15 per consult	2 per year	\$40 per consult

HOW TO ACCESS

To have a virtual consultation with the next available doctor:

Just call **1-888-866-7909** and have your Member ID available. (see pg. 4)

OR

Go to www.interactiveMD.com/hccua and Login on the right of the page using your username and password. If you have not yet set-up your InteractiveMD account call Member Services and they will help you. If you do not remember your password just click "Forgot Password" and we will e-mail you a new one.

Step 1 - Complete your electronic health record.

Step 2 - Select the type of consultation: advice or full diagnostic visit.

Step 3 - Choose how you would like to connect: video, phone or email.

When you are ready to start, just click on "Schedule a Consult". Our system will locate the next available professional. Just sit back and wait, one of our providers will be connecting with you shortly.

WHY USE InteractiveMD?

On-demand healthcare - Wherever and whenever you need, as often as you need, round the clock access.

Save Money - Save hundreds or thousands of dollars by avoiding unnecessary doctor's office or medical center visits.

Save time - Avoid waiting for an appointment or sitting in the doctor's office.

Our network of physicians - U.S. based, licensed and experienced.

WHEN TO USE InteractiveMD?

- Your Primary Care physician is not available
- Requesting basic prescriptions/refills¹
- After normal business hours, nights, weekends
- Traveling and need medical advice
- For non-emergency medical issues & questions, and for obvious conditions that do not require "in person visit"

You must complete a Medical Assessment and History Questionnaire prior to your scheduled medical consultation.



Video Conference

See a provider using your computer and a webcam over the internet.



Phone Call

Talk to a doctor over the phone.



Secure E-mail Advice

Ask questions and get advice privately using secure e-mail

VIDEO AND PHONE CONSULTATIONS

For a better quality of care, we strongly recommend that all virtual consultations are done with video conferencing. However, if a webcam is not available, we offer secure phone consultations as an alternative.

InteractiveMD is not intended to replace your primary care physician and is not health insurance. InteractiveMD physicians do not prescribe controlled medications. If you have an emergency, please dial 911. All our services are HIPAA-Compliant.

¹Prescriptions will only be issued when indicated and approved by a physician, and as permitted by law in your state.

PROVIDED BY:



COMMON CONDITIONS HANDLED THROUGH INTERACTIVEMD

Acid reflux
Acne
Allergies
Asthma
Birth control
Family planning
Bladder infection
Bronchitis
Cellulites
Cold & Flu
Constipation
Diarrhea
Diabetes
Gout
Hair Loss
Headache
Heartburn
Hemorrhoids
High blood pressure
Infections
Joint ache & pains
Nausea
Pneumonia (mild)
Rashes
Shingles
Sinus conditions
Sore throat
Stable herpes
Thyroid conditions
Urinary tract infection
Yeast infection

PEDIATRIC CARE (Ages 6yrs and up)

Cold & Flu
Constipation
Hemorrhoids
Fever
Nausea
Pink eye
Stomach viruses
Vomiting

>> continued

VIDEO CONSULTATION

When the consultation starts, you will see the doctor or healthcare professional in the consultation window. You should see your own video feed on the smaller window on your top right. Please introduce yourself, make sure both you and the provider are seeing each other and follow the professional's instructions to start the consultation.

After the consultation ends, a recording of the complete video session is stored on our secure electronic medical record system. If applicable, the doctor may recommend a course of treatment, prescribe medication or request medical tests.



To engage in live video consultations, you need to be equipped with the right hardware and connection. If you experience any technical difficulties during the set up of a video conference or in accessing the internet, remember that you have access to the HCCUA Technical Support line (see pg. 14). Minimum requirements include: (1) High-speed Internet connection (2) 1GHz processor (3) Flash-enabled Web browser (4) 1GB RAM (5) Webcam (6) Windows or Mac operating system.

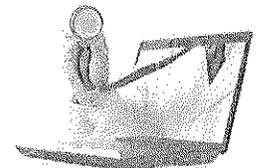
PRESCRIPTIONS

Our TeleHealth program allows for the submission of prescriptions to a pharmacy of your choice. With thousands of pharmacies to choose from, your prescriptions can typically be sent immediately following your medical consultation.

PRESCRIPTION POLICY

Physicians providing medical consultations for TeleHealth members may write prescriptions for a wide range of medications, which can include, but are not limited to, drug classes such as antibiotics and antihistamines. Convenience prescriptions for maintenance medicines may also be obtained in cases where a member is in transition to a new insurance plan or doctor.

This program is not a drug fulfillment warehouse. Prescriptions will only be issued where indicated and approved by a physician. In the event a physician does prescribe medication, he/she will usually limit the supply based on their medical judgement. Patients with chronic illnesses should visit their primary care physicians or other specialists for extended care. It is against InteractiveMD's policy for physicians to issue prescriptions for substances controlled by the DEA, non-therapeutic use, and/or medications which may present material risk for potential for abuse or addiction. For a current list of DEA controlled substances, visit: <http://www.deadiversion.usdoj.gov/schedules>



LAB TESTS

Your physician might request tests to assist with your healthcare. Diagnostic tests help physicians detect diseases earlier, prescribe therapies, and monitor results. Our program has a strategic alliance with labs around the country to provide this service. Choose from over 2,000 locations nationwide at your convenience. These labs provide leading-edge medical laboratory tests and services through a national network of primary clinical laboratories including specialized Centers of Excellence.

*InteractiveMD, a Florida limited liability company, provides access to and support for online and telephonic consultations with physicians ("Participating Physicians") and electronic medical record storage, maintenance and transmission services (collectively the "iMD Services"). Participating Physicians are not employed by InteractiveMD and the iMD Services do not include the provision of medical care, medical advice or the practice of medicine by InteractiveMD. Detailed terms and conditions for the iMD Services (the "iMD Terms of Use") may be viewed on www.interactivemd.com or through www.hccua.org, and are also available upon request from HCCUA Member Services. By using any iMD Services you, your eligible spouse or dependent(s), if any (collectively, "you"), are representing and acknowledging that you have read and agree to comply with all of the iMD Terms of Use. THE iMD SERVICES ARE NOT FOR USE FOR MEDICAL EMERGENCIES OR URGENT SITUATIONS. IF YOU THINK YOU HAVE AN EMERGENCY, CALL/DIAL 911!

You might have heard about Electronic Health Record services (an "EHR") in the news or from a doctor or healthcare provider. An EHR is a technology platform that serves as a central storage bin for your medically relevant data, doctor notes, medical images, test results and medical history. Well, along with your telemedicine benefit, your HCCUA Membership lets you use the EHR offered by InteractiveMD to not only keep a complete record of your InteractiveMD telehealth Consultations, but to consolidate and manage all of your medical information and history. Over time, this can help to dramatically reduce your healthcare costs.

HOW CAN MY NEW EHR HELP ME & SAVE MONEY?

All too often, important health information, such as: health screenings, lab tests, doctors consultation notes, family history, medications, and allergies are lost or forgotten over time or become nearly impossible for you to track or obtain. Your EHR benefit gives you the power to solve this problem, and it will allow you and your healthcare providers to easily access and transfer information in the future. It can help eliminate the waste and headaches of going for duplicate or unnecessary lab tests. It can also help ensure that your doctors know if you have any drug allergies and what medications you take, which can prevent dangerous drug reactions and interactions. Stated simply, the more information your doctors have about you and your medical history, the more effectively and efficiently they can diagnose and treat you. And that protects your health and saves you money!

HOW DO I GET STARTED?

You will want to create your EHR as soon as possible so that it will be there whenever you need it and you will be able to get Medical Consultations through InteractiveMD. Thankfully, getting started is fast and simple because InteractiveMD has developed an easy to follow medical questionnaire that captures information you should have in your EHR, and when you create your InteractiveMD account, your EHR will automatically be created at the same time. Just call Member Services at the special telehealth number 1-888-866-7909 and tell the representative that you are an HCCUA Member calling to register your new account. The representative will walk you through the medical questionnaire and request any medical documents or records you wish to add to your account. You will be emailed a unique username and password, which you may change by either calling the special number or by logging into the system and navigating to My Account.

WHAT TYPE OF RECORDS ARE PART OF MY EHR?

The health data drawn from your answers on the medical questionnaire, any physician notes created after InteractiveMD telehealth Consultations, and any records, documents, or images that you or your physician or authorized representative upload will be stored in your EHR. These records will all be available for viewing in the future by logging into the password protected, encrypted system. Even the audio and video recordings of InteractiveMD telehealth Consultations are stored and can be replayed later by searching the Consulting History section of the EHR. You may add new records or delete existing records at any time.

WILL I BE ABLE TO SHARE MY RECORDS?

Yes. Your EHR content can be shared by logging into the platform, selecting a record, and clicking on the Print or Fax to Physician option. You can also call Member Services and a friendly representative will assist with securely faxing records to the location of your choice.

Electronic Health Record

Hospital Bill Audit

Over 35 million people in the U.S. are admitted to a hospital each year, and their bills average close to \$20,000 each (with many much higher than that!). Why so expensive? Partly because almost all of those hospital bills contain significant errors! What can be done about it? Most people can't do anything about it, because they can't even recognize the errors, let alone explain them or get the hospital to make corrections to them. But, as an HCCUA member, if you are hospitalized, we help protect you against overbilling!

HCCUA has contracted for the services of a highly-skilled team of physicians, compliance analysts and medical billing specialists ("Analysts") who, will audit your eligible hospital stay bill* with the help of a unique and powerful software platform.

- Review or "Audit" of your itemized hospital stay bill and certain related records.
- Identify excessive, unwarranted, non-compliant and otherwise invalid charges.
- Create a detailed medical bill review report or "MBR" that identifies billing errors, challenges invalid charges, recommends appropriate adjustments, and explains the reasons for each challenge and adjustment.

Once your Audit is completed, the Analysts will send you an MBR along with a sample letter to a hospital billing department explaining the MBR findings and challenged charges. It is suggested that you then immediately send your own letter to the hospital, along with a copy of the MBR and payment for the undisputed portion of your bill.

IMPORTANT NOTE - You should get your hospital bill Audited prior to payment! Armed with an MBR, it is actually easier than you might imagine to get a hospital to agree to accept reduced payment on an unpaid bill. It is much more difficult to get a hospital to adjust a bill and refund monies already paid, even when an Audit shows clear cut errors.

How To Get An Audit: As soon as possible after you receive a bill for a hospital stay, please call member services at 866-227-5400 so that an HCCUA Member Advocate can forward to you or explain how to download the following documents:

- Customer Agreement
- HIPAA Privacy Agreement
- Customer Information Form
- Itemized Medical Bill & Information Release Form
- Medical Records Release Authorization Form
- Sample Audit Advisory Letter to Hospital (with UB-04 Request)

HOSPITAL BILL AUDIT

866-227-5400

MEMBER SERVICES

www.HCCUA.org

As soon as all of the necessary agreements and forms have been completed and delivered, and the Analysts receive the itemized bill and the UB-04 (or an alternate source of coding information) for your hospital stay, the Audit will begin. Unless there is a need for additional records, the Audit should be completed and an MBR sent out within approximately 10 business days.

It is critical that you request Audit support and complete all of the steps in the process quickly, because each State requires that any challenge to a hospital bill must take place within a stipulated time period to be classified as a "disputed bill" in order for that bill to be held in abeyance until the audit is completed.

**Detailed terms and conditions for the Hospital Bill Audit service, which will be included in the Customer Agreement, may be viewed on the HCCUA web site and are available upon request from Member Services. You must be an HCCUA Member in good standing for a continuous period of 180 days (the "Waiting Period") before you or your eligible spouse or dependent may use the Hospital Bill Audit service. Only one eligible person (either you or, if any, your spouse or eligible dependent) may use the Hospital Bill Audit service one time only once during each year that you remain an HCCUA Member in good standing. The Hospital Bill Audit service may only be used for hospital bills incurred by one eligible person during and directly related to their stay as an admitted patient in a hospital for more than 24 continuous hours.*

E CHECK METHOD

Number

Unit

Charge

Payment Date

COPIES NO.

EMIT TO

Family Care Assoc

105 Elm Street

Anytown, ST 1234

ON

EMENT

S

V

VACCINE

N

H

BALANCE

Hospital Bill Audit

Technical Support

Access to
certified,
licensed
technicians.

Changing technology is significantly impacting all of our lives in very positive ways, such as making telehealth services and electronic health records possible, or completing a hospital bill audit. However, recognizing that sometimes new technologies can be difficult to figure out, HCCUA provides a technical support service to its members to assist in these areas. We can also help with basic computer needs such as software issues, computer maintenance, viruses, spyware, printers, scanners, internet connections and more.

When you think about it, an average cost for someone to help with technical advice could cost between \$50 and \$150 per hour. At no charge to you for the first hour per month, this support is just a toll-free phone call away!

Certified, licensed technicians can solve challenges large or small including software installation, operating system issues, PC maintenance, virus and spyware issues, smart phone applications, drivers, printers, scanners, Internet, e-mail, and much, much more.

- Telephone support will be available between the hours of 8am-8pm CST Monday thru Friday, and 8am-2pm CST on Saturdays.
- Secure Remote Environment: Online, Chat , Phone
- 1 Hour of Free Service Each Month
- Members can purchase additional service at the cost of \$0.99 per minute

HOW TO ACCESS

Just call **1-888-881-9546**, a technical support agent will assist you over the phone and will establish a remote connection to your computer if needed.
Please have your Member Number available (see pg. 4).

8am - 8pm CST Monday thru Friday
8am - 2pm CST on Saturdays

HINT: use your technical support benefit to help connect to the internet or for assistance in accessing your telehealth benefit (see pg. 8). When preparing for a video, phone, or secure email consultation, if you run into any challenges with your computer or mobile phone, don't hesitate to use your technical support benefit for assistance.

You may also take advantage of technical support when downloading hospital bill auditing forms or submitting them to Association representatives for processing (see pg. 12).

DIAGNOSTIC IMAGING NETWORK

866-227-5400
MEMBER SERVICES
www.HCCUA.org

HCCUA through a strategic alliance with a specialized Managed Service Organization, gives you access to a nationwide network of over 1800 diagnostic imaging facilities offering MRI, CAT Scans and PET Scans in 44 states the District of Columbia and Puerto Rico. Using this significant cost savings allows you to obtain exceptional services in a safe comfortable environment at a top quality diagnostic facility.

Nationwide Toll Free Access is provided for member referrals to participating facilities. This referral process may also be accomplished via fax or our online referral system. An experienced professional staff screens the member, informs them of what to expect when they arrive for the test and together makes a determination of the most convenient facility that meets the needs of the member's physician's prescription for the ordered exam. The network contracts with participating providers to deliver an appointment for the diagnostic modality within 48-72 hours from the initial referral. Their goal is to turn around the written medical report to the referring provider in 24-48 hours following completion of the test.

The network maintains credentialing information on its providers using standards set forth by the National Committee for Quality Assurance ("NCQA"). This process assures you that HCCUA members will obtain the finest quality testing in a given geographic area.

The network is committed to quality services delivered in a positive, caring and uncomplicated manner. They add value through the timely, cost effective delivery of quality services. Reliability, a nationally recognized reputation, competitive pricing and client specific services is why HCCUA selected this imaging network for the diagnostic imaging needs of its members.

HOW TO ACCESS

Call Member Services at **1-888-866-7941**
Please have your Member Number available.

Nationwide
Network of
over 1800
diagnostic
imaging
facilities.

Diagnostic Imaging Networks

DEFINED TERMS. ANY CAPITALIZED TERM USED BUT NOT DEFINED IN THIS MEMBERSHIP HANDBOOK SHALL HAVE THE MEANING ASSIGNED TO SUCH TERM IN THE BY-LAWS OF Healthcare Cost Containment United Association.

PURPOSE OF ASSOCIATION. The purpose of the Healthcare Cost Containment United Association is to assist people who are willing to assume responsibility and take concrete action to reduce and contain healthcare costs (the "Purpose"), which assistance may include: (a) Helping members of the Association (collectively "Members" and each a "Member") understand, access and use healthcare cost reduction and containment tools and techniques, such as (i) using telemedicine, telehealth and other electronic media and mechanisms to more economically and efficiently obtain health and medical services ("Telemedicine"), (ii) creating and maintaining an electronic health record on a recognized Personal Health Record system that is widely accessible to any healthcare providers authorized by member ("EHR Services"), (iii) applying medical billing review and analysis methods or services to challenge invalid, excessive and inappropriate healthcare charges ("Medical Bill Auditing"), (iv) employing diagnostic testing, wellness screening and risk assessment measures on a regular basis to facilitate early detection and treatment of health problems ("Annual Diagnostic Testing"), or (v) identifying and applying for available public and private programs to reduce or eliminate the cost of prescription medications or durable medical equipment and supplies (Rx/DME Programs"); (b) Promoting, tracking and reporting on both the improvement of existing healthcare cost reduction and containment tools and techniques and the creation and development of new healthcare cost reduction and containment tools and techniques ("Enhanced Technologies"), as well as their availability, awareness and use; (c) Presenting information and options to enable members to make cost-effective choices about the healthcare and medical services, products and benefits that are most appropriate to meet their needs in light of their particular circumstances; (d) Giving members access to other benefits, programs, privileges, products and services beneficial to their overall health and economic well being and such other ancillary and incidental benefits as the Board of Directors of the Association (the "Board") deems appropriate; and (e) Doing any other act or thing incidental to or connected with the Purpose or the advancement thereof by exercising the powers now or hereafter conferred upon Corporations Not For Profit by the laws of the State of Florida and of the United States."

ELIGIBILITY & ADMISSION. The Members of the Association shall consist of such persons as may be qualified for and admitted to Membership by the acceptance and approval by the Association of an application for Membership. In keeping with the Purpose, membership in the Association ("Membership") will be open to: (a) Companies or organizations that provide, manufacture, design, support, distribute, deliver, promote, sell or otherwise offer Healthcare Efficiency Services or the equipment or technology used in connection therewith, and which meet any other qualifications for Membership established from time to time by the Board for such entities or organizations ("Eligible Organizations"); (b) Credit unions that have appointed the Association as a Select Employer Group and meet any other qualifications for Membership established from time to time by the Board for such credit unions ("Eligible Credit Unions"); and (c) Natural persons at least 18 years of age who demonstrate that they actively use Telemedicine, EHR Services, Medical Bill Auditing, Annual Diagnostic Testing, Rx/DME Programs or other Healthcare Efficiency Services on a regular basis, and such persons being owners, employees or members of a Participating Organization or Participating Credit Union, and who meet any other qualifications for Membership established from time to time by the Board for such individuals ("Eligible Individuals"). Members will be responsible for demonstrating continuing eligibility on an annual basis, or as otherwise required by the Board, in a manner deemed reasonably sufficient by the Board in its discretion. The Members of the Association shall consist of Eligible Organizations, Eligible Credit Unions and Eligible Individuals from whom the Association has accepted and approved an application for Membership, as evidenced by communication or action by or on behalf of the Association. (Eligible Organizations and Eligible Credit Unions that become Members are hereinafter sometimes referred to collectively as "Organizational Members" and each individually as an "Organizational Member"). Requirements and qualifications for Membership may be changed, modified or waived from time to time only as the Board, deems necessary, appropriate or desirable in general or under particular circumstances; provided, however, that notwithstanding anything to the contrary these or in any other terms and conditions of

Membership published by the Association from time to time ("Member Terms and Conditions"), Membership shall not be conditioned on any health-status related factor relating to any individual applicant or Individual Member, or relating to any such person's spouse or dependents. Membership may not be transferred or inherited.

MEMBERSHIP CLASSES & BENEFITS. The Association has different classes of Membership (collectively "Classes" and each a "Class"), each having different privileges, benefits and rights as established by resolution of the Board from time to time. Members of all Classes have such rights as are set forth in the By-Laws of the Association, as the same may be amended from time to time (the "By-Laws"), which include voting rights ("Voting Rights") and the right to participate in collectively appointing a Class Representative to the Board Advisory Panel ("Appointment Power"), and are entitled to the standard privileges and benefits of Membership described in the Association's general membership handbook, as the same may be amended from time to time as permitted under the By-Laws (collectively, "General Benefits"). Members enrolled in a Class of Membership other than the general Class are entitled to the General Benefits and such additional privileges and benefits as are described in any supplemental handbook(s) applicable to that Class, as may be amended from time to time as permitted under the By-Laws ("Premium Benefits"). Members of any Class may also be entitled to one or more elective benefits that they are both permitted to and have chosen to purchase on an 'a la carte' basis ("Elective Benefits"). The membership handbook describing the General Benefits and any supplemental handbooks describing Premium Benefits are sometimes referred to collectively as "Membership Handbooks" and each individually as a "Membership Handbook." Membership Handbooks do not contain all applicable terms and conditions for every Benefit, and additional Benefit terms and conditions not included in a Membership Handbook are available from HCCUA and/or the third party provider(s) of certain Benefits. By using any Benefit, you represent, acknowledge and agree that you have reviewed and accepted all of the terms and conditions of all of your Benefits, on behalf of yourself and your eligible spouse and/or dependent(s), if any, including any such terms and conditions posted on the HCCUA Website or the Benefit providers website. You will be deemed to have received notice of and reviewed and accepted each and every change to Benefits terms and conditions 24 hours after such change has been posted on the HCCUA Website or the Benefit providers website, or at such earlier time the change has been sent to you by mail or electronically, or has been explained to you by a representative or agent of HCCUA or the Benefit provider.

ANCILLARY BENEFITS. HCCUA offers certain benefits that are ancillary to its Purpose and primary reason for existing. Such ancillary benefits may include insurance coverage(s) ("Insured Benefits") under master group policies issued to the Association (collectively "Policies" and each a "Policy") provided by licensed insurance carrier(s) (each an "Insurance Carrier"). However, **HCCUA IS NOT INSURANCE COMPANY AND IS NOT RESPONSIBLE OR LIABLE FOR ANY INSURED BENEFITS OR CLAIMS UNDER ANY INSURANCE POLICY. THE INSURANCE CARRIER THAT ISSUES/UNDERWRITES A POLICY IS SOLELY RESPONSIBLE AND LIABLE FOR INSURED BENEFITS AND CLAIMS UNDER SUCH POLICY.** The benefits, terms, conditions, limitations and exclusions of each Insured Benefit are set forth in the relevant Policy, a copy of which is maintained at all times in the records of the Association and available for review at the offices of the Association upon request. Coverage under each Policy, and the essential features of such coverage, is evidenced by and described in a certificate of coverage for such Policy (the "Certificate") which will be delivered to each Member covered under the Policy. An Insured Benefit may be offered as Premium Benefit or an Elective Benefit or both, at the discretion of the Board and in accordance with Applicable Law. If you have joined or join a Class with Premium Benefits that include any Insured Benefit(s), or you have chosen any Insured Benefit(s) available to you as an Elective Benefit, you should have or receive a Certificate issued under the terms of the Policy or Policies relating to such Insured Benefit(s). **IF YOU BELIEVE THAT YOUR BENEFITS INCLUDE ANY INSURED BENEFIT FOR WHICH YOU DO NOT RECEIVE A CERTIFICATE, IT IS CRITICAL THAT YOU CONTACT MEMBER SERVICES IMMEDIATELY.**

PERMITTED USE / DEPENDENTS. You must be actively enrolled and be current on all payment of Charges in order to use or receive any Benefits. You agree that you will use your Membership and Benefits only for yourself and, if you have either a couple, parent-child/ or family Membership, any "Dependent Family Members" who are included under your chosen category of Membership.

HCCUA MEMBERSHIP TERMS & CONDITIONS

"Dependent Family Members" can include your spouse and immediate family members under the age of 25 who are living with and are financially dependent upon you. However, if your Benefits include any Insured Benefit(s), then, as to any such Insured Benefit: (i) whether any dependent(s) can be covered and who qualifies as a dependent under such Insured Benefit shall be determined, defined and governed strictly by the Policy relevant to that Benefit; and (ii) to the extent that any person qualifies as and is actually covered under such Insured Benefit beyond their 21st birthday, then such person shall be deemed to be a "Dependant Family Member" under your HCCUA Membership until such time as that person no longer qualifies as and is covered under such Insured Benefit. In some cases, persons who qualify as and are covered under a particular Insured Benefit may include handicapped family members who are incapable of self-support and are dependent on you for support and maintenance, regardless of their age, depending upon the Policy in question and/or the laws of your state of residence. Please refer to the Certificates applicable to your Insured Benefits, if any, to determine if coverage is or may be included or available for Dependent Family Members.

ADDITIONS & MODIFICATIONS. No Member will be entitled to any Benefit that is added after such Member's enrollment date, except as may be specifically determined by resolution of the Board in its sole and unfettered discretion. Notwithstanding anything herein to the contrary, any of the General Benefits, Premium Benefits or Elective Benefits (collectively, "Benefits" and each a "Benefit"), and the terms and conditions applicable to the same ("Benefit Terms") may be modified, changed, replaced, substituted, discontinued or eliminated from time-to-time at the discretion of the Board, as required by the provider of the Benefit, or as may be deemed necessary or appropriate to comply with any applicable law, regulation, rule, policy or standard of any governmental or regulatory entity or agency (collectively, "Applicable Law"). Should any Benefits materially change, notice will be provided as soon as reasonably possible. The most current Benefits information can always be found on the Association's Website at www.hccua.org, and your Eligible Covered Dependents shall each be deemed to have received notice of any such information once it is posted. If you do not have access to a computer, you may request current Benefits information from HCCUA Member Services and Benefit providers.

RISK-FREE REVIEW PERIOD. Upon enrollment, you have a risk-free review period in which to evaluate your Membership (the "Review Period"). Before you use any Benefit(s), please thoroughly and carefully review the Membership Handbook(s) and all other materials relevant to the General Benefits, any Premium Benefits of your Membership Class, and each Elective Benefit you have chosen, if any. If you decide that you are not satisfied for any reason you can cancel and receive a FULL refund provided you have not used your benefits and return your fulfillment materials postage paid.* You must request cancellation (a "Cancellation Request") within the first 10 days of the "Effective Date" shown on your HCCUA membership card. Your Cancellation Request must include your name, address and member number and should be sent to the Association by fax to 1-866-258-9469, by e-mail to cancel@hccua.org, by mail to: HCCUA Member Services c/o ICan Benefit Group LLC, 5030 Champion Blvd, G11 #134, Boca Raton, FL 33496, or you may speak directly with an Association member services representative and request cancellation by phone by calling 1-866-227-5400. If your qualified Cancellation Request is received by the Association before the deadline and you have not used any Benefits and return your fulfillment materials postage paid*, a full refund of all Charges paid will be made to your bank or credit card account within thirty (30) days.

*If your fulfillment materials are not mailed back postage paid, we will deduct 25% or \$10, whichever is greater, from your enrollment fee. In order to not affect your refund, the complete fulfillment materials must be returned by a trackable means (ie. FedEx, UPS, USPS) to HCCUA within 30 days of the effective date.

DUES & FEES. All new Members must pay an initial application processing and enrollment fee of \$20 or such other amount as may be established by the Association. Members enrolling in any Class with Premium Benefits must pay an initial application processing and enrollment fee of \$100 or such other amount as may be established by the Association for such Class. Application processing and enrollment fees may be charged in connection with any Elective Benefit, as may be established by the Association from time to time. Members who cancel their Membership or are terminated by the Association

and re-enroll after such cancellation or termination becomes effective, may be deemed to be new Members and may be required to pay any then-current processing and enrollment fees. Any Member who is permitted to and does change their Class of Membership or Benefits may be deemed to be a new Member and may be required to pay additional processing and enrollment fees, as determined by the Association. In order to maintain Membership in the Association, each Member must pay the monthly Association dues then in effect for General Benefits ("Dues"), plus any and all additional fees for the Premium Benefits provided to their Class ("Program Fees") and for any Elective Benefits they have chosen ("Additional Fees"). Application processing and enrollment fees, Program Fees and Additional Fees are hereinafter collectively referred to as "Fees," and Dues and Fees are hereinafter collectively referred to as "Charges." Payment of all monthly Charges is due one month in advance and will be automatically drafted from or charged to the account or credit card that you have authorized HCCUA or its agent to draft or charge at the time of your enrollment or thereafter (your "Billing Account"). The Association reserves the right to terminate any Membership and deny any and all privileges and benefits for lack of timely payment of any Charges, or failure to satisfy any other Membership requirement. Dues and Fees may be changed for all Members of any Class (but not individually), as the Association's Board of Directors determines is necessary, appropriate or desirable in its discretion, with notification to be provided as soon as reasonably practical. Dues and Fees collected from the Members are held and disbursed on behalf of the Association by a licensed third-party administrator as may be required by applicable laws, regulations or rules of any government authority or agency, and in order to ensure consistent and timely payment is made to third party Benefit providers.

AUTHORIZATION, PROCESSING & CONFIRMATION OF CHARGES AND PAYMENTS.

By becoming a Member, you agree to and authorize all Charges for or incurred in connection with your Membership and Benefits to be made against your Billing Account. Monthly Charges may be handled as a single withdrawal from or charge to your Billing Account, or Dues and certain Program Fees and/or Additional Fees may be processed separately. If you do not effectively cancel during the Review Period, you will be deemed to have confirmed your continuing authorization for all Charges that accrue while you are a Member to be withdrawn from or charged to your Billing Account, including withdrawals and Charges that may be processed after you cease to be a Member for Charges that accrued while you were a Member. Depending on the monthly billing date you selected when you enrolled, Charges will be submitted on or about either the 1st, 5th, 10th, 15th, 20th, or 25th of each month for the next month (your "Billing Date"). If you did not select a Billing Date which was confirmed in your enrollment verification, your Billing Date will be on or about the 15th of each month. Payment of any Charges will not be deemed confirmed until five business days after the date of the receipt of such payment from your Billing Account by automatic bank draft or credit card.

ACTIVATION & TERM. Your Membership in the Association is on a month to month basis, with the monthly periods running from 12:00 am Eastern Time on your Effective Date through 11:59 pm Eastern Time the day before your Effective Date of the following month (a "Monthly Period"). Benefits, including Insured Benefits will be activated on your Effective Date, provided your initial payment of Charges has been confirmed. Insured Benefits are activated in accordance with the applicable Policy and Certificate, and may also be summarized in a Membership Handbook. In the event of any conflict between any such Membership Handbook and the Certificate, the Certificate governs. The term of your Membership may continue so long as you continue to meet the qualifications of Membership established by the Association and pay all required Charges in full and in a timely manner.

GOVERNING DOCUMENTS. The By-Laws and/or any Member Terms and Conditions (collectively, "Membership Terms") may be modified or amended from time to time as permitted by the HCCUA Amended and Restated Articles of Incorporation and By-Laws, and as may be deemed necessary or appropriate to comply with any applicable law, regulation, rule, policy or standard of any governmental or regulatory entity or agency (collectively, "Applicable Law"). At any given time, the current Membership Terms, as the same may have been amended (collectively, the "Governing Documents"), are available for viewing by all Members on the Association's website at www.hccua.org (the "Website"). By becoming a Member and either using any Benefit or continuing your Membership after the Review Period, you represent, acknowledge and agree that you have reviewed and accepted all of the terms and conditions of the

Governing Documents on behalf of yourself and your eligible spouse and/or dependent(s), if any. In addition, for as long as you are a Member, you will be deemed to have received notice of and reviewed and accepted each and every amendment to the Governing Documents 24 hours after such amendment has been posted on the Website, or at such earlier time the amendment has been sent to you by mail or electronically, or has been explained to you by a representative or agent of HCCUA.

CANCELLATION & TERMINATION. After the Risk-Free Trial Period, you can cancel your Membership at any time by submitting a Cancellation Request to the Association. To effect a cancellation as of the last day of a given Monthly Period, your verified Cancellation Request must be received by Member Services prior to the 25th day of that Monthly Period (the "Cancellation Deadline"). Once received, your cancellation will be processed and will become effective as of midnight on the last day of the Monthly Period for the month you submitted a timely Cancellation Request. If your Cancellation Request is NOT received prior to the Cancellation Deadline of the Monthly Period in which it is delivered, then your Membership will continue through the end of the next Monthly Period and you will be responsible for the full payment of all Charges owed for that next Monthly Period. Please note: Because of the automated nature of HCCUA's billing system, if your Cancellation Request is received prior to the 20th day of the Monthly Period, but not at least five days prior to your Billing Date, Charges may unavoidably be processed against your Billing Account on or about your Billing Date, in which event such charges will be refunded to your Billing Account no later than thirty (30) days after the date of your Cancellation Request. Non-payment of any Charges will result in automatic termination of your Membership, and Benefits as of the end of the last Monthly Period for which you paid all Charges in full. If you are terminated for nonpayment, you have a grace period in which you may reactivate your Membership by paying all applicable Charges in full prior to the end of the last day of the Monthly Period to which the missed payment would apply. Notwithstanding anything herein to the contrary, the Board of Directors of the Association or its authorized Delegate (the "Board") may terminate your Membership at any time, in its sole discretion, in accordance with the Bylaws. In the event of such termination, your Membership and Benefits will be retroactively terminated effective as of the end of the prior Monthly Period and any Dues you have paid applicable to any later point in time will be refunded to you.

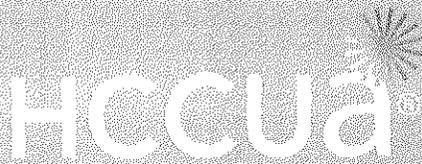
NOTICE OF MEETINGS & ACTIONS. All notices required under the Governing Documents or Applicable Law to be given by the Association to you of any meeting or action of the Association will be posted on the Website and/or as may otherwise be required under Applicable Law. If you or any Dependent Family Member accept or use of any Benefit, or if you remain a Member beyond the Risk-Free Review Period, you shall be deemed to have waived any right to delivery of individual notice of any such meeting or action of the Association unless you inform the Association to the contrary in writing.

LIMITATION OF LIABILITY & DISCLAIMER OF WARRANTIES. You understand and agree that: (i) any claim with regard to any Benefit provided to you in connection with your Membership, but by any party other than HCCUA itself, including any Insured Benefits discount program and wellness testing, shall be made only against the provider(s) of such Benefit and not against the Association, its affiliates or contractors (collectively, the "Supporting Parties"); (ii) the sole obligation of the Supporting Parties shall be to provide and facilitate your access to and receipt of such Benefit from the third party provider(s) of that Benefit. The Supporting Parties assume no liability with regard to any Benefit provided, or to be provided, by any third party. The Supporting Parties are not merchants, manufacturers or direct providers of the Benefits and do not give any warranties, expressed or implied, as to description, quality, merchantability, fitness for any particular purpose, productiveness or any other matter, as to the Benefits, the third-party providers of Benefits, or any other services or merchandise purchased or received by you through, or in connection with, your Membership in the Association. You acknowledge that you are not relying on the Supporting Parties' skills or judgments in selecting any third-party provider or Benefits or services available to you. In the event that any product or service purchased or received by you is cancelled, modified, defective or otherwise unsatisfactory to you, you will look solely to the provider, seller, merchant, or manufacturer of the product or service for any repair, exchange, refund, or satisfaction of the claim. It is further understood that all Benefits are subject to the availability of such Benefits, which may change without notice for reasons beyond the reasonable control of the Supporting Parties.

PAYMENT TO PROVIDERS FOR PRODUCTS & SERVICES. You agree that you and your covered Dependent Family Members are solely responsible for payment of any amounts due for products or services obtained by you or your covered Dependent Family Members in connection with your Membership. Failure to make prompt payment of the amounts due may result in the termination of your Membership. None of the Supporting Parties shall be considered either a guarantor or payor for any products or services provided to any Member by any third party.

GENERAL RELEASE. You on behalf of yourself and all of your covered Dependent Family Members hereby forever release, acquit and discharge each of the Supporting Parties and their respective officers, directors, employees and agents from any and all liabilities, claims, demands, actions and causes or action that you, or your covered Dependent Family Members may have by reason of any monetary damage or personal injury sustained as a result of or in connection with the provision or lack thereof of any and all Benefits or other benefits, services, or merchandise made available through or as a result of your Membership in the Association. The sole recourse available to you and your covered Dependent Family Members shall be cancellation of your Membership and any refund available as provided in the Risk-Free Review Period section of these Terms and Conditions.

USE OF MEMBER INFORMATION. Keeping your financial and personal information secure is one of our most important responsibilities. Our employees are trained in the importance of maintaining confidentiality and privacy. We maintain physical, electronic and procedural safeguards to protect non-public information such as Member credit card and/or bank account information, Social Security numbers and other such sensitive information, including personal health information. Unless otherwise directed by you, we may share some of your non-public, personal information, as necessary, to maintain and service your Membership with us and as otherwise permitted or required by law. For example, we may share some of your non-public, personal information with the insurance companies who provide some of your Benefits. We may also share some other information about you (such as your name, address, age and gender) with organizations with whom HCCUA has joint marketing agreements who wish to extend offers that we believe may interest you. However, we endeavor to only share information with organizations that offer goods and services we believe will be of benefit to our Members. If you terminate your relationship with HCCUA, we will not share information we have collected about you, except as permitted or required by law. You may direct us not to share any of your information other than as required or permitted by law by e-mail notice delivered to privacy@hccua.org or by written notice mailed to: 9010 SW 137th Avenue Ste 213 Miami, FL 33186 Attention to the President stating you want to opt out of sharing your personal information. Any such opt-out notice should include your name and member number. You may make your privacy choice at any time. Your choice will remain unless you state otherwise; however, if we do not hear from you within 30 days from the date this notice was made available to you, we may share some of your information with affiliated companies and other third parties. This notice updates and replaces any previous notices you may have received from us about the collection, use and protection of your information. We may change this privacy notice at any time and if we do, we will notify you either by e-mail or by U.S. mail, depending on your relationship with us.



866-227-5400
MEMBER SERVICES
www.HCCUA.org

QUICK ACCESS GUIDE	
BENEFIT	HOW TO ACCESS
MEMBER SERVICES & ASSISTANCE	(866) 227-5400
Prescription Expense Assistance (Rx Advocacy)	(866) 227-5400
TeleHealth Services	(888) 866-7909
Electronic Health Record	www.interactiveMD.com
Hospital Bill Audit Services	(866) 227-5400
Technical Support	(888) 881-9546
Diagnostic Imaging Network	(888) 866-7941

DON'T FORGET!

HCCUA offers many additional benefits as part of Premium Membership Programs.

- Health Insurance
- Life Insurance
- Roadside Assistance
- Entertainment & Travel Savings
- Identity Theft Protection
- And Much More!

CALL NOW TO LEARN MORE ABOUT THESE ADDITIONAL PRODUCTS
866-227-5400

HCCUA[®]

Creating extraordinary lives



Insurance Benefits Overview

Complete Choice Today Medical Plan Overview

HCCUA member programs
managed and supported by



Underwritten by:
United States Fire Insurance Company
Rated A by AM Best 2010

CCT0512-P5

UNITED STATES FIRE MEDICAL INDEMNITY & ACCIDENT BENEFITS CHART

Benefit	1000	1500	3500	6500
Doctor's Office Visits - Benefits are payable for Covered Expenses when a Covered Person visits a Doctor's office or clinic as a result of Injury or Sickness, not to exceed the Daily Maximum amount and Maximum Visits shown per Covered Person per Policy Year. Coverage is also provided for newborn well-care, routine health examinations and immunizations for children aged 5 and under. Note that there are no limitations on pre-existing conditions, but a 30-day waiting period for sickness.	\$50 per visit 5 Visits per Covered Person per Policy Year	\$50 per visit 5 Visits per Covered Person per Policy Year	\$75 per visit 5 Visits per Covered Person per Policy Year	\$75 per visit 5 Visits per Covered Person per Policy Year
Adult Wellness/Preventive Care - Benefits are payable for Covered Expenses when a Covered Person aged 6 or older visits a Doctor's office or clinic for routine health examinations or immunizations, not to exceed the Daily Maximum amount and Maximum Visits shown per Covered Person per Policy Year. Note that there are no limitations on pre-existing conditions, but a 30-day waiting period for sickness.	N/A	N/A	\$75 per visit 1 Visit per Covered Person (aged 6 or older) per Policy Year	\$75 per visit 1 Visit per Covered Person (aged 6 or older) per Policy Year
Diagnostic Tests, X-Rays, Laboratory - Benefits are payable for Covered Expenses when x-rays, laboratory and other diagnostic tests are ordered or performed by a Doctor for a Covered Person, including the services of a radiologist or radiology group and for services of a pathologist or pathology group for interpretation of diagnostic tests or studies that are Medically Necessary due to an Injury or Sickness, not to exceed the Maximum Benefit amount and the Maximum Sitzings/Draws shown. Note that there are no limitations on pre-existing conditions.	\$25 per sitting/ draw 5 sittings/draws per Policy Year	\$50 per sitting/ draw 5 sittings/draws per Policy Year	\$50 per sitting/ draw 5 sittings/draws per Policy Year	\$75 per sitting/ draw 5 sittings/draws per Policy Year
Hospital Room & Board and General Nursing Services / Intensive Care / Cardiac Care Unit* - Benefits are payable at the indicated amount for Covered Expenses for each day of Confinement for a Covered Person as a result of Injury or Sickness, not to exceed the Daily Maximum amount or the Maximum Benefit shown per Covered Person per Policy Year.	\$250 per day Up to 30 days per Covered Person per Policy Year	\$250 per day Up to 30 days per Covered Person per Policy Year	\$500 per day Up to 30 days per Covered Person per Policy Year	\$1,000 per day Up to 30 days per Covered Person per Policy Year
Inpatient/Outpatient Surgery* - Benefits are payable for Covered Expenses when surgery for a Covered Person is performed in an Outpatient Surgery Facility or while Confined to a Hospital, not to exceed the Maximum Benefit amount and the Maximum Surgeries shown per Covered Person per Policy Year. Benefits are also provided for medical services and supplies used in the performance of the surgery. This includes, but is not limited to: (1) Administration of drugs and medicines during surgery; (2) Dressings, casts, and splints; and (3) Diagnostic services including radiology, laboratory or pathology performed during the time of surgery.	1 surgery per Covered Person per Policy Year See surgical schedule (page 6 & 7)	1 surgery per Covered Person per Policy Year See surgical schedule (page 6 & 7)	1 surgery per Covered Person per Policy Year See surgical schedule (page 6 & 7)	1 surgery per Covered Person per Policy Year See surgical schedule (page 6 & 7)
Anesthesia* - Benefits are payable for Covered Expenses when a covered surgical procedure is performed for a Covered Person, not to exceed the Maximum Benefit amount and the Maximum Anesthesia Benefit shown per Covered Person per Policy Year.	1 treatment per Covered Person per Policy Year See surgical schedule (page 6 & 7)	1 treatment per Covered Person per Policy Year See surgical schedule (page 6 & 7)	1 treatment per Covered Person per Policy Year See surgical schedule (page 6 & 7)	1 treatment per Covered Person per Policy Year See surgical schedule (page 6 & 7)
Accident Medical Expense - Benefits are payable for Covered Expenses if a Covered Person sustains an accidental Injury that requires Medically Necessary care by a Doctor, not to exceed the Maximum Benefit amount or the Maximum Number of Injuries shown. Treatment for the Injury must be received within 30-days of the Injury. Note that there are no limitations on pre-existing conditions.	\$1,000 per Injury \$250 deductible per Injury 1 Injury per Covered Person per Policy Year	\$2,000 per Injury \$250 deductible per Injury 1 Injury per Covered Person per Policy Year	\$2,500 per Injury \$250 deductible per Injury 1 Injury per Covered Person per Policy Year	\$5,000 per Injury \$250 deductible per Injury 1 Injury per Covered Person per Policy Year
Accidental Death & Dismemberment - Benefits are payable for Covered Expenses if a Covered Person sustains a covered Injury that results in Loss as shown in the certificate of insurance within 365 days of the Injury. Benefits are payable only 1 time under this benefit for each Covered Person. Note that there are no limitations on pre-existing conditions.	Accidental Death: Primary - \$5,000 Spouse - \$2,500 Child - \$1,250	Accidental Death: Primary - \$7,500 Spouse - \$3,750 Child - \$1,875	Accidental Death: Primary - \$10,000 Spouse - \$5,000 Child - \$2,500	Accidental Death: Primary - \$15,000 Spouse - \$7,500 Child - \$3,750

- *The Pre-existing Conditions limitation is applicable only for Hospital Room & Board and General Nursing Services, Intensive Care/Cardiac Care Unit, Surgery and Anesthesia related to Surgery.
- Plans are not available in all states.
- Members can be enrolled only once. Duplicate or multiple memberships, including Limited Medical Indemnity Insurance underwritten by United States Fire Insurance Company, is not allowed.
- Coverage is not provided for members age 65 or over, coverage will terminate at the end of the monthly billing cycle prior to turning age 65.
- Changes to coverage underwritten by United States Fire Insurance Company can only be made if the change is the result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is cancelled, persons may not re-enroll in coverage with United States Fire Insurance Company until six-months after their termination date.
- THIS IS AN INSURED LIMITED MEDICAL INDEMNITY PLAN, WHICH IS NOT MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

PLEASE NOTE: THE FOLLOWING IS AN OVERVIEW OF INSURANCE BENEFITS PROVIDED ONLY TO COMPLETE CHOICE CLASS MEMBERS. IF YOU ARE A COMPLETE CHOICE CLASS MEMBER, YOU WILL RECEIVE CERTIFICATES OF COVERAGE SEPARATE FROM THIS HANDBOOK. TO THE EXTENT THAT ANY OF THE COMPLETE CHOICE CLASS BENEFITS IN THE OVERVIEW DIFFER FROM THE BENEFITS AS DESCRIBED IN THE CERTIFICATES OF COVERAGE, THE CERTIFICATE OF COVERAGE SHALL CONTROL.

LIMITED MEDICAL INDEMNITY BENEFITS

Getting the Most Out of Your Benefits

Your association, HCCUA, has chosen to partner with the iCan Benefit Group, LLC to administer and manage your membership benefits, including the insurance benefits described in this supplemental handbook. As part of your benefit package you have access to advocacy support before visiting a hospital, lab or diagnostic testing facility. A knowledgeable advocate might be able to save you time and money by selecting the best facility and working with them to reduce your out of pocket expenses.

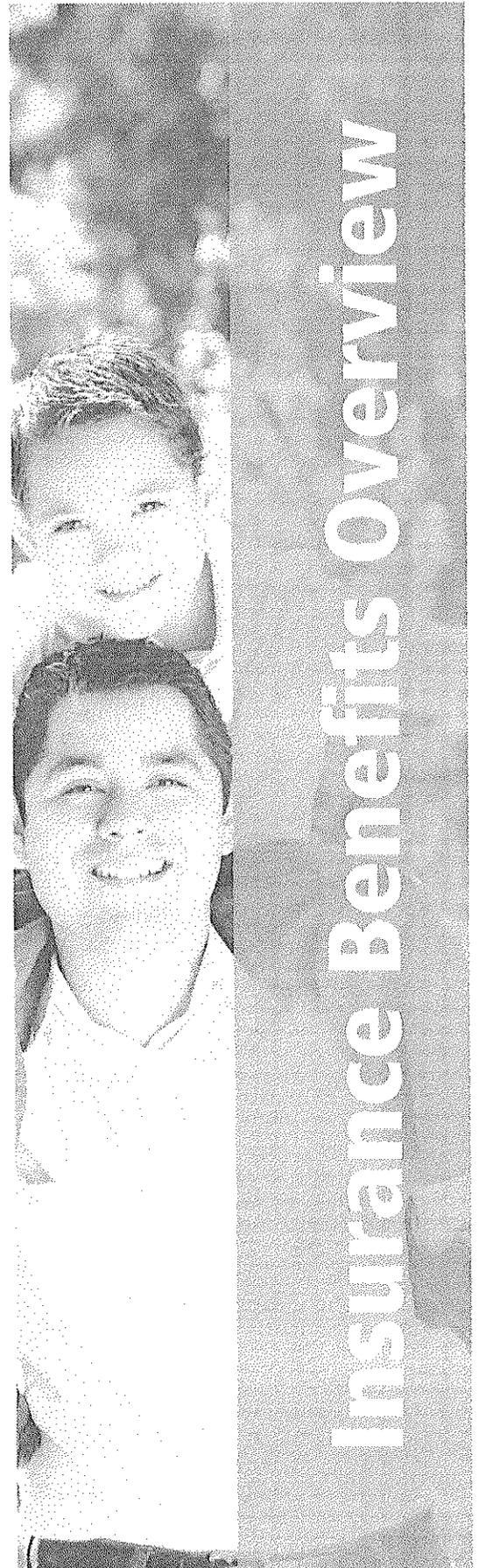
HOW TO ACCESS

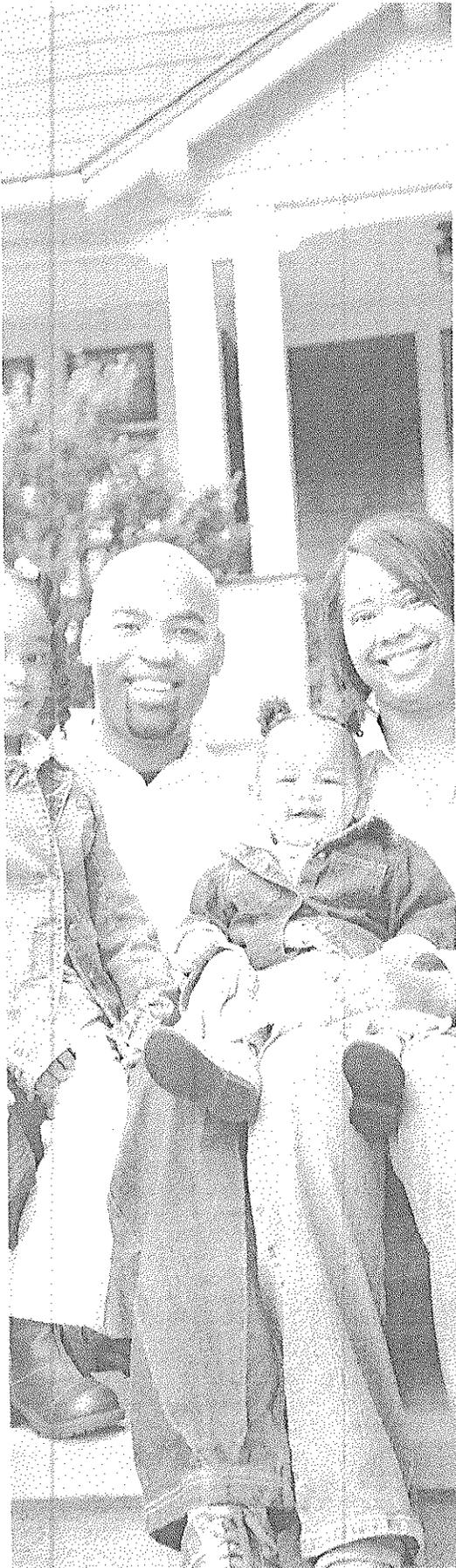
To insure you get the most out of your benefits, first call Member Services at 866-227-5400.

1. To locate PPO Network Providers go to www.HCCUA.org, My Account → Benefit Usage → Provider Search or call Member Services.
2. If it is your first visit to that provider, please call to verify that they are still participating in the network at least 24 hours prior to scheduling an appointment. If the provider is no longer in the network, please locate another provider.
3. Present your Medical Card upon arrival. If your doctor's office has any questions about your coverage they can call Member Services for assistance.
4. After your visit your network provider will submit a claim to the insurance company for re-pricing and payment on your behalf. NOTE: If provider is not part of the network, no re-pricing applies and you, as the member, must submit the claim to the insurance company for payment.
5. In about 45 days, you should receive an EOB (Explanation of Benefits). It will show you the amount of the provider bill, the network reduction, the amount paid by the insurance company, and, if there is a balance, the amount for which you, the patient, will be responsible.
6. If you have chosen not to assign your benefits, you need to call Member Services to obtain a claim form.

Pre-Existing Condition and Pregnancy Exclusions

There is a twelve (12) month pre-existing condition exclusion from coverage for any condition for which medical care, treatment, diagnosis or advice was received or recommended during the twelve (12)* months prior to your effective date of coverage. Similarly, pregnancy related medical expenses will not be covered by your insured benefits. *6 months in KY & MS. May vary by state.





Assignment of Benefits

When you need to visit a doctor or go to the hospital, there is no need for you to file a claim for in-network providers because your benefits are fully assignable and can be paid directly to your provider. Any daily hospital benefits and all other benefits are assignable at your discretion and will be paid directly to your Provider, if you choose. In order to assign benefits you sign a document allowing your doctor or your hospital to collect your health insurance benefits directly from the carrier. By assigning benefits you will not have to file a claim with the Insurance carrier to be reimbursed. If you choose, you may pay your provider at the time of service and submit the claim yourself for reimbursement. You may obtain a claim form at www.HCCUA.org.

ACCIDENT MEDICAL EXPENSE/DEATH & DISMEMBERMENT GROUP INSURANCE

You and your covered dependents receive the following benefits:

- Accident medical expense coverage paid after deductible per injury for all medical expenses incurred as a result of a covered accident per benefits chart on page 2. This coverage is payable in addition to your doctor and hospital medical benefit.
- Cash benefit paid in the event of death caused by a covered accident per benefits chart on page 2.
- Payment in the event of accidental dismemberment, which is paid in addition to amounts covered under the accident medical expense benefit, per benefits chart on page 2 (see included policy certificate for specific coverages).

In Case of Accident

Present your Complete Choice Today Membership Card at the Emergency Room or Treatment Facility upon arrival. Ensure they see the notation on your card which explains that you have an Accident Medical Expense Benefit underwritten by United States Fire Insurance Company that is payable in addition to your primary coverage. If there are any questions, simply ask them to call the Member Services number on your card.

HOW TO ACCESS

1. Present your Medical Card to the doctor's office, urgent care facility or emergency room upon arrival. Ensure they see the notation on your card which explains that you have up to \$1,000 / \$2,000 / \$2,500 / \$5,000 Accident Medical Expense Benefit that is payable in addition to your primary coverage.
2. If there are any questions, simply ask them to call the Member Services number on your card during normal business hours.
3. You may download an accident claim form from www.HCCUA.org

This program includes a cash benefit if death occurs as a result of a covered accident. The program also includes reimbursement for medical expenses incurred by a covered member as a result of a covered accident. A provision for a specified lump sum payout is also included in the plan should a member suffer a covered dismemberment as a result of a covered accident. The actual limits of the policy are specified in the attached certificate of insurance. Certain restrictions apply. For questions about claims, please call Member Services (866) 227-5400.

INSURANCE BENEFITS OVERVIEW

PPO NETWORK

The Preferred Provider Network access is provided by MultiPlan, and is not provided by or affiliated with United States Fire Insurance Company.



See Any Doctor

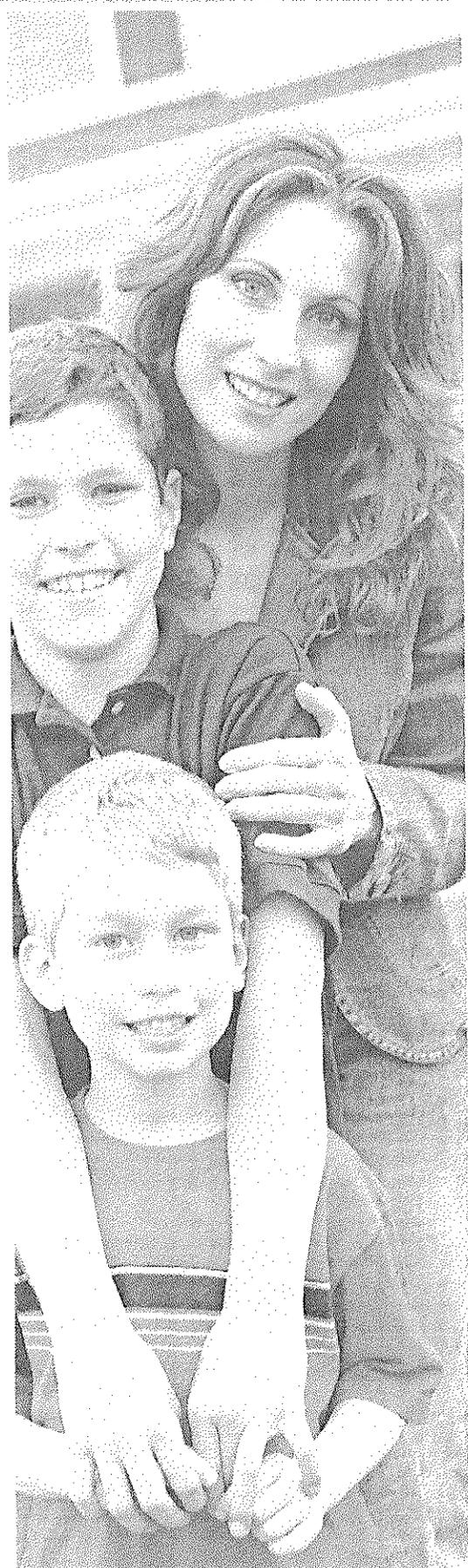
You are free to see any doctor you choose but your coverage goes further if you select a participating Preferred Network Provider. Even if you elect to see a Non-Network Provider, the full insured benefit amount will still be applied to the bill for covered charges, but without the network rate reduction.

MultiPlan Network Access

You now have access to medical providers in the MultiPlan Network. Currently, MultiPlan contracts with over 4,500 hospitals, 83,000 ancillary facilities and nearly 587,000 healthcare professionals. MultiPlan has been one of the national leaders in health care cost containment for more than 20 years, and continually strives to recruit the most respected hospitals, physicians and other healthcare professionals so you will receive the quality of care you expect and deserve. The providers in the MultiPlan Network encompass virtually every specialty and you do not need a referral from your primary care physician to get an appointment with the specialist you may need. The MultiPlan Network consistently achieves one of the best savings in the industry, giving you a great opportunity to lower claim costs, on average by 40% for practitioner claims.

Any services received from a Network Provider for a pre-existing condition or pregnancy can still be submitted for re-pricing. It is up to the Provider to decide if they accept re-pricing.

If your Physician is not a MultiPlan Network participant, you can easily nominate him or her by going to www.multiplan.com - select Providers then Nominate a Provider. You can nominate your provider through the Online Provider Referral System or download a Provider Referral Letter to present to your provider. Your provider can then contact the network to obtain an application packet.





ANNUAL REIMBURSEMENT SCHEDULE

IF A CPT CODE CAN NOT BE LOCATED ON THIS LIST, YOU NEED TO CONTACT THE ADMINISTRATOR TO DETERMINE THE APPROPRIATE DOLLAR REIMBURSEMENT.

Surgical Procedure	Reimbursement Schedule							
	Surgical				Anesthesia			
	6500 Plan	3500 Plan	1500 Plan	1000 Plan	6500 Plan	3500 Plan	1000 Plan	
ABDOMEN								
Appendectomy	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Removal of gallbladder	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Total Gastrectomy	\$ 8,500	\$ 6,375	\$ 4,250	\$ 2,125	\$ 2,125	\$ 1,594	\$ 1,063	\$ 531
Gastrectomy	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Laparotomy exploratory	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
AMPUTATION								
Amputation of upper arm	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Amputation of finger/thumb	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Amputation of leg at hip	\$ 4,000	\$ 3,000	\$ 2,000	\$ 1,000	\$ 1,250	\$ 938	\$ 625	\$ 313
Amputation of lower leg	\$ 3,000	\$ 2,250	\$ 1,500	\$ 750	\$ 1,250	\$ 938	\$ 625	\$ 313
Amputation of toe	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
BREAST								
Removal of breast	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Removal of breast lesion	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Breast reconstruction	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
CHEST								
Exploratory Thoracotomy	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Esophagectomy (esophagostomy)	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Esophagectomy	\$ 3,000	\$ 2,250	\$ 1,500	\$ 750	\$ 1,250	\$ 938	\$ 625	\$ 313
Living removal of or portion of (Lobectomy)	\$ 3,000	\$ 2,250	\$ 1,500	\$ 750	\$ 1,250	\$ 938	\$ 625	\$ 313
Valvotomy or commissurotomy, closed	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Aortic Mitral, or Tricuspid Valvuloplasty - open with bypass	\$ 6,500	\$ 4,875	\$ 3,250	\$ 1,625	\$ 2,125	\$ 1,594	\$ 1,063	\$ 531
Tetralogy of Fallot with bypass	\$ 6,500	\$ 4,875	\$ 3,250	\$ 1,625	\$ 2,125	\$ 1,594	\$ 1,063	\$ 531
Double valve procedure replacement and/or repair	\$ 8,500	\$ 6,375	\$ 4,250	\$ 2,125	\$ 2,125	\$ 1,594	\$ 1,063	\$ 531
DISLOCATION, REDUCTION OF								
Treat ankle dislocation	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Treat clavicle dislocation	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Treat elbow dislocation	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Treat hip dislocation	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Reduce dislocated jaw	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Treat shoulder dislocation	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Treat wrist dislocation	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Treat knee dislocation	\$ 3,000	\$ 2,250	\$ 1,500	\$ 750	\$ 1,250	\$ 938	\$ 625	\$ 313
ARTHROSCOPY								
Ankle arthroscopy/surgery	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Knee arthroscopy/surgery	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Hip arthroscopy/surgery	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Knee arthroscopy/surgery	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Shoulder arthroscopy/surgery	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
EAR, NOSE, THROAT								
Penetration	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Mastoidectomy simple	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Extensive mastoid surgery	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Adenoidectomy (independent procedure)	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Sinusotomy, frontal, external (Froehner)	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Submucous resection of nasal septum (rhinectomy)	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Laryngectomy, without neck dissection	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Laryngectomy, with or without adenoidectomy - under age 18	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Laryngectomy, with or without adenoidectomy - 18 and over	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Tracheotomy (independent procedure)	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
EYE								
Cataract, operation for intracapsular, extracapsular, unilobular	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Rabbit detached retina	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Removal of eye	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
FRACTURE, TREATMENT OF								
Treatment of ankle fracture	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Treat finger fracture, open	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Treatment of hand fracture	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Treat fracture radius & ulna	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Treatment of fibula fracture	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
GENITO-URINARY TRACT								
Cervix amputation (cervicectomy)	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Circumcision Newborn Clamp	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Dilation & Curettage (non-Polypoid)	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Partial hysterectomy	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Total hysterectomy	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Vaginal hysterectomy	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Uterine Myomectomy	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Kidney transplanted, unilateral or bilateral recipient with nephrectomy	\$ 8,500	\$ 6,375	\$ 4,250	\$ 2,125	\$ 2,125	\$ 1,594	\$ 1,063	\$ 531
Nephrectomy	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Cystostomy	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Prostate, removal of (Prostatectomy)	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Surgical exposure prostate	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Extensive prostate surgery	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Removal of epididymis	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Cystoscopy, operation for anterior colporrhaphy	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156
Rectovaginal operation for posterior colporrhaphy	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 250	\$ 188	\$ 125	\$ 63
Rectovaginal and cystostomy A&P colporrhaphy	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625	\$ 625	\$ 469	\$ 313	\$ 156

SURGICAL PROCEDURES REIMBURSEMENT SCHEDULE

Surgical Procedure	Reimbursement Schedule							
	Surgical				Anesthesia			
	6500 Plan	3500 Plan	1500 Plan	1000 Plan	6500 Plan	3500 Plan	1500 Plan	1000 Plan
GOITRE								
Adenoma or benign tumor of thyroid extending	\$ 2,500	\$ 1,875	\$ 1,250	\$ 825	\$ 825	\$ 469	\$ 313	\$ 156
Thyroidectomy	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
HERNIA								
Repair inguinal - unilateral	\$ 1,000	\$ 750	\$ 500	\$ 290	\$ 290	\$ 188	\$ 125	\$ 63
Repair Umbilical - under age 5	\$ 2,500	\$ 1,875	\$ 1,250	\$ 825	\$ 825	\$ 469	\$ 313	\$ 156
Repair Umbilical - over age 5	\$ 2,500	\$ 1,875	\$ 1,250	\$ 825	\$ 825	\$ 469	\$ 313	\$ 156
Repair Ventral (incisional)	\$ 2,500	\$ 1,875	\$ 1,250	\$ 825	\$ 825	\$ 469	\$ 313	\$ 156
Repair Femoral	\$ 2,500	\$ 1,875	\$ 1,250	\$ 825	\$ 825	\$ 469	\$ 313	\$ 156
Repair Epigastric	\$ 1,000	\$ 750	\$ 500	\$ 290	\$ 290	\$ 188	\$ 125	\$ 63
LIGAMENTS AND TENDONS								
Repair lower leg tendons	\$ 2,500	\$ 1,875	\$ 1,250	\$ 825	\$ 825	\$ 469	\$ 313	\$ 156
Repair hand tendon	\$ 2,500	\$ 1,875	\$ 1,250	\$ 825	\$ 825	\$ 469	\$ 313	\$ 156
Repair ligament tendon	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Transplant hand tendon	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
OBSTETRICAL								
Removal of placenta anterior or posterior or early repair of perineum and/or cervix	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Cesarean Section, complete procedure including delivery	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Cesarean Section and hysterectomy, total or subtotal	\$ 2,500	\$ 1,875	\$ 1,250	\$ 825	\$ 825	\$ 469	\$ 313	\$ 156
Ectopic (intra-uterine) pregnancy	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Miscarriage, including dilation and curettage	\$ 1,000	\$ 750	\$ 500	\$ 290	\$ 290	\$ 188	\$ 125	\$ 63
PILONIDAL CYST OR SINUS								
Removal of pilonidal lesion	\$ 1,000	\$ 750	\$ 500	\$ 290	\$ 290	\$ 188	\$ 125	\$ 63
Drainage of pilonidal cyst	\$ 1,000	\$ 750	\$ 500	\$ 290	\$ 290	\$ 188	\$ 125	\$ 63
RECTUM								
Fissure (hemorrhectomy) cutting operation for (independent procedure)	\$ 1,000	\$ 750	\$ 500	\$ 290	\$ 290	\$ 188	\$ 125	\$ 63
Incise external hemorrhoid	\$ 1,000	\$ 750	\$ 500	\$ 290	\$ 290	\$ 188	\$ 125	\$ 63
Destruction of hemorrhoids	\$ 1,000	\$ 750	\$ 500	\$ 290	\$ 290	\$ 188	\$ 125	\$ 63
Hemorrhoidectomy and Fistulotomy or Fistulotomy	\$ 2,500	\$ 1,875	\$ 1,250	\$ 825	\$ 825	\$ 469	\$ 313	\$ 156
Hemorrhoidectomy - single tag (independent procedure)	\$ 1,000	\$ 750	\$ 500	\$ 290	\$ 290	\$ 188	\$ 125	\$ 63
SKULL								
Craniotomy (craniotomy) (total brain operation for brain tumor)	\$ 3,500	\$ 2,625	\$ 1,750	\$ 1,125	\$ 1,125	\$ 754	\$ 503	\$ 251
Craniectomy	\$ 2,500	\$ 1,875	\$ 1,250	\$ 825	\$ 825	\$ 469	\$ 313	\$ 156
Hemiplegectomy	\$ 8,500	\$ 6,375	\$ 4,250	\$ 2,125	\$ 2,125	\$ 1,594	\$ 1,063	\$ 531
SPINE OR SPINAL CORD								
Laminectomy	\$ 1,000	\$ 750	\$ 500	\$ 290	\$ 290	\$ 188	\$ 125	\$ 63
Spinal cord tumor operation	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
TUMOR								
Remove tumor of arm/hand/leg	\$ 5,000	\$ 3,750	\$ 2,500	\$ 1,250	\$ 1,250	\$ 938	\$ 625	\$ 313
Remove tumor, neck/chest	\$ 2,500	\$ 1,875	\$ 1,250	\$ 825	\$ 825	\$ 469	\$ 313	\$ 156
VARICOSE VEINS								
Removal of leg vein	\$ 1,000	\$ 750	\$ 500	\$ 290	\$ 290	\$ 188	\$ 125	\$ 63
TRANSPLANT & PARTIAL ORGAN REMOVAL								
Liver Transplant	\$ 10,000	\$ 7,500	\$ 5,000	\$ 2,500	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625
Liver Transplant with bypass	\$ 10,000	\$ 7,500	\$ 5,000	\$ 2,500	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625
Heart and Lung Transplant	\$ 10,000	\$ 7,500	\$ 5,000	\$ 2,500	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625
Liver Transplant	\$ 10,000	\$ 7,500	\$ 5,000	\$ 2,500	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625
Liver - partial removal	\$ 10,000	\$ 7,500	\$ 5,000	\$ 2,500	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625
Pancreas - partial removal	\$ 10,000	\$ 7,500	\$ 5,000	\$ 2,500	\$ 2,500	\$ 1,875	\$ 1,250	\$ 625

*For surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.

Benefits will not be paid for charges or loss caused by, or resulting from, any of the following (may vary by state):

- (1) Suicide or any intentionally self inflicted Injury;
- (2) Any drug, narcotic, gas or fumes, or chemical substance voluntarily taken, administered, absorbed or inhaled unless prescribed by, and taken according to the directions of, a Doctor (accidental ingestion of a poisonous substance is not excluded.);
- (3) Commission, or attempt to commit, a felony;
- (4) Participation in a riot or insurrection;
- (5) Driving under the influence of a controlled substance, unless administered on the advice of a Doctor;
- (6) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
- (7) Declared or undeclared war or act of war;
- (8) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180-days of the initial incident and:
 - (1) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - (2) The Covered Person was within a 25-mile radius of the site of the release either:
 - (a) At the time of the release; or
 - (b) Within 24-hours of the start of the release; or
 - (c) Occurs while he is in the issue state of this Certificate;
- (9) Routine health checkups or immunizations for Covered Person aged 6 and older; expenses for allergies, allergy serum or allergy testing, unless specifically provided for in this Certificate;
- (10) Surgery to correct vision or hearing; eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions therefore;
- (11) Dental care, x-rays, or treatment other than Injury to sound, natural teeth and gums resulting from an accidental Injury and rendered within 6-months of the Injury;
- (12) Spinal manipulations and manual manipulative treatment or therapy;
- (13) Weight loss or modification and complications arising therefrom, including surgery and any other form of treatment for the purpose of weight loss or modification;
- (14) Rest cures or custodial care, or treatment of sleep disorders;
- (15) Treatment, services or supplies received outside of the U.S. except for acute Sickness or Injury sustained during the first 30-days of travel outside the U.S.;
- (16) Normal pregnancy or childbirth, except for Complications of Pregnancy;
- (17) Any drug, treatment, or procedure that either promotes or prevents conception or childbirth regardless of what the drug, treatment, or procedure was originally prescribed or intended for;
- (18) Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
- (19) Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
- (20) Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:
 - (a) On an injured part of the body following trauma, infection or other disease of the involved part;
 - (b) Of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - (c) On a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
- (21) The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
- (22) Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- (23) Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take home items, or other items for comfort and convenience;
- (24) Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;
- (25) Prescription medicines, unless specifically provided for under this Certificate;

- (26) Any Injury that is caused by flight or travel in, or upon:
- (a) An aircraft or other, craft designed for navigation above or beyond the earth's atmosphere except as a fare paying passenger;
 - (b) An ultra light, hang gliding, parachuting or bungi cord jumping;
 - (c) A snowmobile;
 - (d) Any two or three wheeled motor vehicle;
 - (e) Any off road motorized vehicle not requiring licensing as a motor vehicle;
 - (f) Any watercraft or other craft designed for water use above or beneath the water, except as a fare-paying passenger;
- (27) Any accidental Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- (28) Services, treatment or loss:
- (a) Rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
 - (b) Payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
 - (c) Which a Covered Person would not have to pay if he did not have insurance;
 - (d) Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family;
 - (e) Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
 - (f) Injury or Sickness sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training. Upon receipt of proof of service, we will refund, any unearned premium paid on a pro rata basis;
- (29) Hemorrhoids, tonsils, adenoids, middle ear disorders, any disease or disorder of the reproductive organs unless the loss is incurred at least 6-months after the Covered Person becomes insured under this Certificate;
- (30) Elective treatment or surgery and treatment, procedures, products or services that are experimental or investigative. "Experimental or Investigative" means a drug, device or medical treatment or procedure that:
- (a) Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished;
 - (b) Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or its efficacy as compared with the standard means of treatments or diagnosis; or
 - (c) Has Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment or diagnosis.

"Reliable Evidence" means (i) published reports and articles in authoritative medical and scientific literature; (ii) the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or (iii) the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

Disclaimers and Premium Information:

The Retail Cost consists of association benefits, including but not limited to lifestyle services and network discounts; insurance coverages; and marketing and administration of association membership. The Insurance Premium is the premium rate charged for the insurance coverage underwritten by United States Fire Insurance Company only and offered through your membership in the Healthcare Cost Containment United Association. The Insurance Premium for the following memberships are: Complete Choice Today 1000: Single = \$43.03, Parent/Child = \$80.58, Couple = \$89.55, Family = \$123.53; Complete Choice Today 1500: Single = \$60.81, Parent/Child = \$113.88, Couple = \$126.56, Family = \$174.58; Complete Choice Today 3500: Single = \$95.36, Parent/Child = \$178.61, Couple = \$198.48, Family = \$273.81; Complete Choice Today 6500: Single = \$138.70, Parent/Child = \$259.77, Couple = \$288.69, Family = \$398.24



866-227-5400
 MEMBER SERVICES
www.hccua.org

BENEFIT	HOW TO ACCESS
MEMBER SERVICES & ASSISTANCE	(866) 227-5400
TeleHealth	(888) 866-7909
Licensed Clinical Counseling	(888)-866-7938
Diagnostic Imaging Network	(888) 866-7941
Technical Support	(888) 881-9546
ID Theft Monitoring	(888) 866-7920
ID Theft Resolution	(888) 866-7920
ID Theft Insurance (not available in NY)	(888) 866-7920
Legal Care Solutions	(866) 227-5400
Roadside Assistance	(888) 866-7908
Entertainment & Travel Discounts	Access via www.hccua.org
Pet Care Savings	(888) 866-7936
Health Advocacy Services	(866) 227-5400
Comprehensive Wellness Testing & Profile (not available in NY, NJ, RI)	(866) 227-5400
Financial Education & Credit Counseling	(888) 866-7920
Professional Tax Preparation, Advice & Audit Assistance	(888) 866-7920
Health Discount Program	(866) 227-5400

INCORPORATION AGREEMENT

The attached certificate of group insurance and any endorsements, riders, and amendments, if any, adding or changing the provisions of the certificate are incorporated into and made a part of this Policy.

Each Association that provides a group insurance plan for its Member under this Policy may select some or all of the following insurance benefits, as described in the attached Certificate of group insurance:

[DAILY HOSPITAL OR SKILLED NURSING FACILITY CONFINEMENT INDEMNITY BENEFIT
INPATIENT AND OUTPATIENT SURGICAL INDEMNITY BENEFIT – PROFESSIONAL SERVICES ONLY
OUTPATIENT SURGICAL FACILITY INDEMNITY BENEFIT – FACILITY SERVICES ONLY
HOSPITAL EMERGENCY ROOM VISIT INDEMNITY BENEFIT
OUTPATIENT DIAGNOSTIC TESTING, X-RAY AND LAB INDEMNITY BENEFIT
OUTPATIENT PHYSICIANS OFFICE VISIT INDEMNITY BENEFIT
PREVENTIVE CARE INDEMNITY BENEFIT
AMBULANCE INDEMNITY BENEFIT
PRESCRIPTION DRUG INDEMNITY BENEFIT
SUPPLEMENTAL ACCIDENT MEDICAL INDEMNITY BENEFIT]

All coverage and actual benefit amounts in effect with respect to each insured Member and his insured Dependents, if any, will be as described in the individual Certificate issued by us to or for such Member.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Policy and the attached certificate(s), including any endorsement or amendments in force on the effective date of this Policy or added later, the Association's Application, and the individual application of the Members covered constitute the entire contract between the parties.

No change in this Policy shall be valid unless made by endorsement or amendment signed by an executive officer of the Insurer. No agent has authority to change this Policy or waive any of its provisions.

APPLICATION; STATEMENTS NOT WARRANTIES

A copy of this Policyholder's application, if any, shall be attached to this Policy when issued. All statements made by the Covered Persons shall, in absence of fraud, be deemed representations and not warranties. No statement made by a Covered Person shall be used in a contest under this Policy unless a copy of the instrument containing the statement is or has been furnished to such individual or to his beneficiary, if any.

TIME LIMIT ON CERTAIN DEFENSES

After this Policy has been in force for two years from the date of issue, no statement, except for fraudulent statements, made by this Policyholder shall be used to void the coverage. After two years from a Member's Effective Date of coverage, no misstatement, except for fraudulent misstatements, made by the Member when enrolling for coverage, will be used to void coverage under this Policy, or to deny payment of a claim hereunder for loss incurred or disability commencing with respect to the person commencing after the expiration date of such two year period.

MISSTATEMENT OF FACTS

If it is discovered that relevant facts about a Member or other Covered Person have been misstated:

- (1) If the error has an effect on premium, an adjustment of the premiums will be made; and
- (2) The correct facts will determine whether and in what amount insurance is valid under the contract for such person.

CLERICAL ERROR

Clerical errors or delays in keeping records for the contract by Us, the Third Party Administrator, or the Association:

- (1) Will not deny insurance which should otherwise have been granted; and
- (2) Will not extend insurance which should otherwise have ended; and
- (3) Will be subject to proper adjustment of premium when an adjustment is called for.

DATA REQUIRED

Each Association shall furnish the Insurer, or the Third Party Administrator, with all information and proof which the Insurer, or the Third Party Administrator, may reasonably require with regard to any matters pertaining to this Policy or to any Covered Person covered under this Policy.

INDIVIDUAL CERTIFICATE

The Insurer or the Third Party Administrator will issue to each covered Member, an individual Certificate that will explain in summary form the coverage, rights and privileges under this Policy.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy, which on the date of issue is in conflict with the statutes of the state in which it is delivered, is hereby amended to conform to the minimum requirements of such statutes.

NON-PARTICIPATING

This Policy does not share in the surplus earnings of the Insurer.

POLICYHOLDER NOT OUR AGENT

This Policyholder will not be considered our agent for any purpose under this Policy.

PREMIUMS**PREMIUM PAYMENTS**

Premium required by this Policy shall be payable on or before the premium due date by the Members to the Insurer, or the Third Party Administrator. Payment of any premium shall not maintain coverage in force beyond the due date of the next premium for each coverage month, except as provided under the Grace Period.

"Coverage Month" means the one month period for which premiums are payable, beginning with the Effective Date of coverage under this Policy and thereafter, the corresponding day of each calendar month.

PREMIUM RATE CHANGES

The Insurer may change the premium rates on:

- (1) The Members Effective Date;
- (2) Any premium due date of a Member provided the rate being changed had been in effect at least 6 months and the Insurer, or the Third Party Administrator, gives at least [30] days advance notice in writing;
- (3) The date the terms and conditions of the Member's coverage under this Policy are modified; and
- (4) Following any governmental action that affects Our liability under this Policy.

GRACE PERIOD

A grace period of 31 days is allowed for payment of each premium (except the first) during which coverage under this Policy shall remain in force. Coverage may terminate prior to the end of the grace period by the Member giving at least 31 days advance written notice of cancellation to the Insurer or the Third Party Administrator. Unless the Member so notifies the Insurer, or the Third Party Administrator, failure by the Member to pay a premium within the grace period will cause coverage under this Policy to automatically terminate at the end of the period for which the last premium has been paid.

TERMINATION OF POLICY

This Policy continues from its Date of Issue, unless it is terminated by this Policyholder or the Insurer, as stated below.

After the first anniversary date of this Policy, the Insurer has the right to terminate this Policy and all coverage hereunder on any premium due date by giving 90 days written notice in advance to this Policyholder. In the case of any individual Member, the Insurer has the right to terminate coverage on any premium due date by giving the Member [30] days advance notice.

This Policyholder may terminate this Policy on any premium due date by giving written notice to Us at least [31] days in advance of such due date.

American Financial Security Life Insurance Company

[Jefferson City, Missouri]

CERTIFICATE OF INSURANCE

Issued under the terms of the

Group Insurance Policy

Issued to: [ABC Association]

(herein called the Policyholder)

The insurance Coverage, Benefits and the principal provisions that apply to the Covered Persons named in the Schedule of Benefits are summarized in this Certificate of Insurance and are merely evidence of insurance under the Policy. Insurance Coverage is subject to the terms of the Policy, which alone constitutes the contract under which payment is made. The Policy is a contract between the Policyholder and Us. It may be changed or terminated only by those parties. Coverage is provided under group Policy number [POLICY NO.].

GROUP INDEMNITY HEALTH INSURANCE

[BENEFITS ARE NOT PROVIDED FOR PRE-EXISTING CONDITIONS EXCEPT AS DESCRIBED IN THIS CERTIFICATE.]

THE POLICY IS RENEWABLE AT THE OPTION OF THE COMPANY

READ YOUR CERTIFICATE CAREFULLY

AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY



President

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SCHEDULE OF BENEFITS

INSURED INFORMATION:

Name:[John Doe]

[Policy Effective Date: April 1, 2010]

COVERAGE EFFECTIVE DATE: [May 1, 2010]

[WAITING PERIOD: 30 days immediately following the Coverage Effective Date. The Waiting Period does not apply to an Injury.]

ELIGIBLE DEPENDENTS COVERED: [Janet Doe, Junior Doe, Juniorette Doe]

1. [DAILY HOSPITAL OR SKILLED NURSING FACILITY CONFINEMENT INDEMNITY BENEFIT

Benefit Description	Policy Pays per Covered Person	Additional Limitations and Explanations
[Daily Hospital Confinement	[\$100-\$2,000] per day Maximum number of days per Coverage Year – [5-30]	This Benefit includes all related services (e.g. Inpatient Physician’s visits, Inpatient newborn care, etc.)]
[Inpatient Mental or Nervous Disorders	[\$100-\$250] per day Maximum number of days per Coverage Year – [5-30]	This Benefit includes all related services (e.g. Inpatient Physician’s visits, etc.)]
[Inpatient Substance Use Disorders	[\$100-\$250] per day Maximum number of days per Coverage Year – [5-30]	This Benefit includes all related services (e.g. Inpatient Physician’s visits, etc.)]
[Skilled Nursing Facility	[\$100-\$250] per day Maximum number of days per Coverage Year – [5-30]	This Benefit includes all related services (e.g. Physician’s visits, skilled nursing care, etc.)]

[2. INPATIENT AND OUTPATIENT SURGICAL INDEMNITY BENEFIT – PROFESSIONAL SERVICES ONLY

Benefit Description	Policy Pays per Covered Person	Additional Limitations and Explanations
Inpatient and Outpatient Surgery	Surgeon - [50%-100%] of the 2010 Medicare National Fee Schedule Maximum number of surgeries per Coverage Year - [unlimited].	This Benefit applies to all services received the same day as surgery.]

[3. OUTPATIENT SURGICAL FACILITY INDEMNITY BENEFIT – FACILITY SERVICES ONLY

Benefit Description	Policy Pays per Covered Person	Additional Limitations and Explanations
Outpatient Surgery Facility only	Facility – [\$100 - \$1,000] per surgery Maximum Number of surgeries per Coverage Year - [1-2]	This Benefit does not include Professional fees. This Benefit includes Outpatient Surgical Facilities, Ambulatory Surgical Centers and Hospital Outpatient Surgery.]

[4. HOSPITAL EMERGENCY ROOM VISIT INDEMNITY BENEFIT

Benefit Description	Policy Pays per Covered Person	Additional Limitations and Explanations
Emergency Room Care	[\$50-\$250] per visit Maximum number of visits per Coverage Year - [1-3]	This Benefit is not payable if the Covered Person is admitted to the Hospital as an Inpatient. This Benefit is payable only if Emergency Care is received.]

[5. OUTPATIENT DIAGNOSTIC TESTING, X-RAY AND LAB INDEMNITY BENEFIT

Benefit Description	Policy Pays per Covered Person	Additional Limitations and Explanations
[Option 1:	[\$10-\$100] per day of services. Maximum number of covered days per Coverage Year – [1-3].	This Benefit applies to all diagnostic testing, X-ray and laboratory services received on the same day. This benefit does not include Preventive Care.]
[Option 2:	[Laboratory procedure (pathology): [\$10-\$75] per day Maximum number of covered days per Coverage Year – [1-3].] [X-ray (radiology): [\$10-\$100] per day Maximum number of covered days per Coverage Year – [1-3].] [Advanced Study: [[\$100-\$500] per day Maximum number of covered days per Coverage Year – [1-3].]	This Benefit includes the cost of reading the lab test, x-ray or advanced study. This Benefit does not include Preventive Care.]

[6. OUTPATIENT PHYSICIANS OFFICE VISIT INDEMNITY BENEFIT

Benefit Description	Policy Pays per Covered Person	Additional Limitations and Explanations
[Option 1:	[\$25-\$100] per office visit. Maximum number of visits per Coverage Year – [1-5].	This Benefit applies to all office visits and services rendered in an office visit on the same day. This Benefit includes Urgent Care Facilities. This benefit does not include Preventive Care.]
[Option 2:	[Primary Care Physician: [\$25-\$75] per office visit Maximum number of visits per Coverage Year – [1-5]]	This Benefit includes Urgent Care Facilities. This Benefit does not include Preventive Care.
	[Specialist [\$50-\$150] per office visit Maximum number of visits per Coverage Year – [1-5]]	[Specialist visit does not include a visit for Physical Therapy, Speech Therapy or Occupational Therapy.]]
	[Mental or Nervous Disorder or Substance Use Disorder [[\$25-\$75] per office visit Maximum number of visits per Coverage Year – [5-20]]	[Specialist in care and treatment of Mental or Nervous Disorders or Substance Use Disorders only.]]

[7. PREVENTIVE CARE INDEMNITY BENEFIT

Benefit Description	Policy Pays per Covered Person	Additional Limitations and Explanations
Preventive Care	[Office Visit [\$25-\$100] per visit Maximum number of visits per Coverage Year – [1-2].]	A Benefit payable under the Preventive Care Benefit is not payable under any other Benefit of the Policy.
	[Diagnostics (diagnostic testing, x-ray and laboratory services) [\$25 – \$100] per day Maximum number of covered days per Coverage Year – [1-2]]	[This Benefit applies to all diagnostic testing, X-ray and laboratory services received on the same day.]]

[8. AMBULANCE INDEMNITY BENEFIT

Benefit Description	Policy Pays per Covered Person	Additional Limitations and Explanations
[Land] Ambulance	[\$50-\$100] per conveyance Maximum number of conveyances per Coverage Year – [1-2].	This Benefit includes a conveyance only when Emergency Care is received.
[Air Ambulance	[\$300-\$500] per conveyance. Maximum number of conveyances per Coverage Year – [1-3]	This Benefit includes a conveyance only when Emergency Care is received.]]

[9. PRESCRIPTION DRUG INDEMNITY BENEFIT

Benefit Description	Policy Pays per Covered Person	Additional Limitations and Explanations
Prescription Drugs	<p><u>Generic:</u> [\$5-\$10] per Covered Drug</p> <p><u>Brand:</u> [\$25-\$50] per Covered Drug</p> <p>Maximum amount payable per Coverage Quarter - [\$25-\$375] – Maximum amount payable per Coverage Year - [\$100-\$1,500].</p> <p>If all or any portion of a Covered Person’s maximum amount per Coverage Quarter has not been applied during any Calendar Quarter, the Covered Person’s maximum amount per Coverage Quarter for the next ensuing Calendar Quarter shall be increased by the amount not so applied.</p> <p>However, the amount of the quarterly increases shall not cause the Coverage Year benefit to exceed the maximum amount per Coverage Year per Covered Person. The maximum amount per Coverage Quarter resets at the beginning of each Coverage Year.</p>	<p>Oral contraceptives are included. The maximum amount is for all generic and brand Covered Drugs in a Coverage Quarter or Coverage Year combined.]</p>

[10. SUPPLEMENTAL ACCIDENT MEDICAL INDEMNITY BENEFIT

Benefit Description	Policy Pays per Covered Person	Additional Limitations and Explanations
Additional Amount for Accidental Bodily Injury*	<p>Daily Hospital or Skilled Nursing Facility Confinement Indemnity Benefit – [\$250-\$5000] per Confinement</p> <p>Maximum number of Confinements per Coverage Year – [1-2]</p> <p>Emergency Room Visit Indemnity Benefit – [\$25-\$100] per visit</p> <p>Maximum number of visits per Coverage Year – [1-3]</p> <p>Outpatient Diagnostic Testing, X-ray and Lab Indemnity Benefit (Pathology, Radiology and Advanced Studies combined) – [\$50-\$200] per procedure</p> <p>Maximum number of procedures per Coverage Year [1-3]</p> <p>Outpatient Physicians Office Visit Indemnity Benefit – [\$25-\$100] per visit</p> <p>Maximum number of visits per Coverage Year – [1-2]</p> <p>Ambulance Indemnity Benefit (Land and Air combined) – [\$50-\$200] per conveyance</p> <p>Maximum number of conveyances per Coverage Year – [1-2]</p> <p>Physical Therapy/Speech Therapy/Occupational Therapy – [\$25-\$100] per visit</p> <p>Maximum number of visits [per Coverage Year] [per Accident] – [10-20]</p>	<p>This Benefit pays an amount in addition to other listed covered Benefits except that* Physical Therapy, Speech Therapy and Occupational Therapy is paid only under this Benefit. Physical Therapy, Speech Therapy and Occupational Therapy are not paid under any other Benefit of the Policy.]</p> <p>[*A Benefit payable under the Supplemental Accident Medical Indemnity Benefit is not payable under the Outpatient Physicians Office Visit Indemnity Benefit]</p>

SECTION 1 - DEFINITIONS

MEDICAL DEFINITIONS

Accident (Accidental Bodily Injury) – means a bodily Injury resulting directly from an accident and independently of all other causes occurring while a Covered Person's coverage is in force under the Policy. It does not include an intentional, self-inflicted Injury, while sane.

Advanced Study/Studies – means those procedures in the [CPT Code 90000 Series] excluding Preventive Care and limited to: [Angiogram; Arteriogram; Computer Tomography Scan (CT); Electroencephalogram (EEG); Magnetic Resonance Imaging (MRI); Myelogram; Positron Emission Tomography Scan (PET); and Thallium Stress Test].

Air Ambulance – means air transport to the nearest acute care Hospital in connection with an emergency room or emergency Inpatient admission or emergency Outpatient care when the following conditions are met:

- (1) Your medical condition requires immediate and rapid ambulance transportation and services cannot be provided by land ambulance due to great distances, and the use of land transportation would pose immediate threat to your health.
- (2) Services are covered to transport you from one acute care Hospital to another, only if the transferring Hospital does not have the adequate facilities to provide the Medically Necessary services needed for your treatment as determined by the Policy, and use of land ambulance would pose an immediate threat to your health.

Ambulatory Surgical Center/Outpatient Surgical Facility – means any public or private establishment with (1) an organized medical staff of doctors; (2) permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures; (3) continuous doctors services whenever a patient is in the facility; and which does not provide services or accommodations for patients to stay overnight.

Benefit – means the dollar amount payable by Us to an Eligible Member under the Policy.

Certificate/Certificate of Coverage – means this summary of the Master Group Policy which constitutes evidence of Your coverage under the Policy.

Close Relative – means (1) Your Spouse, or Your child, brother, sister, or parent; or (2) any other person who is part of Your household.

Complications of Pregnancy – means: 1) conditions (when pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by or caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion hyperemesis gravidarum, preeclampsia, and similar medical and surgical conditions of comparable severity; and (2) non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible.

"Complications of Pregnancy" does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, elective cesarean section, and similar conditions associated with the management of a difficult pregnancy but not constituting a nosologically distinct complication of pregnancy.

Cosmetic Surgery – means a surgical procedure undergone for the sole purpose of improving appearance of self-esteem and not as treatment of an Illness or Injury.

Coverage Quarter – means 3 consecutive months immediately following the Certificate Effective Date and every consecutive 3 month period thereafter while this coverage is in force.

Coverage Year – means 12 consecutive months immediately following the Certificate Effective Date and every consecutive 12 month period thereafter while this coverage is in force.

Covered Drug – means only: (1) Legend Drugs; (2) injectable insulin by prescription, including needles and syringes; (3) compounded preparations if one or more ingredients are Legend Drugs; or (4) any medical substance which applicable state laws prohibits dispensing without a prescription.

Covered Person – means an Eligible Member / Eligible Dependent, whose coverage is effective and in-force under the terms of the Policy.

CPT – means the Doctor's Current Procedural Terminology published by the American Medical Association, version in effect on the date the service is provided.

Custodial Care – means services (including room and board) or supplies which:

- (1) Are primarily to help the Covered Person perform the activities of daily living;
- (2) Can safely be provided by non-skilled persons; and
- (3) Are not Medically Necessary to reduce the disability.

Dependents/Eligible Dependents – means:

The spouse and each unmarried child of the Member including an unmarried natural child, an unmarried child who is legally adopted or placed for adoption with the Member and an unmarried stepchild; but excluding: (1) Any such child 25 or more years of age; (2) any such child entitled to benefits under Title XVIII of the Social Security Act, P.L. 89-97, 42 U.S.C. Section 1395, et seq.; (3) a legally separated spouse; and (4) a spouse or child on active duty in any military, naval, or air force of any nation or international authority.

An incapacitated child who: (1) became a covered Dependent before attaining the applicable limited age specified above; (2) remained a covered Dependent until attaining such limiting age; and (3) on the date he/she attains such limiting age is incapable of self-sustaining employment due to mental or physical handicap and chiefly dependent upon the Covered Person for support and maintenance. Proof of such incapacity and dependency must be furnished to Us at least 31 days after the child's attainment of the limiting age and subsequently, as required, but not more frequently than annually following the child's attainment of limiting age.

Effective Date – means the date an individual becomes a Covered Person by fulfilling all the qualifying requirements outlined in Section 2 – Eligibility For Insurance and Section 3 – Effective Date herein.

Emergency/Emergency Care – means the sudden onset of a medical condition manifested by symptoms of such severity that the failure to immediately provide Medically Necessary treatment could reasonably be expected to result in:

- (1) Placing the Covered Person's health in serious jeopardy;
- (2) Serious impairment to bodily functions; or
- (3) Serious dysfunction of any bodily organ or part.

Emergency Room – means a facility located on the premises of, or physically a part of, a Hospital that provides initial treatment to patients with a broad spectrum of Illnesses and Injuries that require immediate attention and is especially equipped and staffed for Emergency Care. An Urgent Care Facility is excluded from this definition.

[Evidence of Good Health – means a medical statement that is to be completed to the best of the individual's ability. Evidence of good health is a series of questions regarding the applicant's and/or Dependent's current and previous medical conditions and any treatment they may have received. Such statement must be based on medical fact and must be acceptable to Us and the Third Party Administrator.]

Experimental or Investigational – means the use of any treatment, procedure, facility, equipment, drugs, devices, or supplies not yet recognized as accepted medical practice by the American Medical Association, and any of such items requiring Federal or other government agency approval not granted at the times services were provided.

Hospital – means a legally constituted and operated institution which:

- (1) primarily engages in providing care and treatment of sick or injured persons on an Inpatient basis; and
- (2) provides such care and treatment under the supervision of one or more Physicians and with twenty-four hour nursing service under the supervision of the Physician in charge of the hospital, and
- (3) has organized facilities for laboratory and diagnostic work and major surgery. However, an institution specializing in the care and treatment of mental or emotional illness, disorder or disturbance, which would

qualify under this definition as a hospital, except that it lacks organized facilities on its premises for major surgery, shall nevertheless be deemed a hospital under the Policy.

- (4) The term "hospital" shall also include a residential treatment facility specializing in the care and treatment of alcoholism, drug addiction, or chemical dependency, provided such facility is duly licensed, if licensing is required by law in the jurisdiction where it is located, or otherwise lawfully operated if such licensing is not required. In no event, however, shall the term "hospital" include an institution that is primarily a rest home, a nursing home, a convalescent home, a rehabilitation center, an extended care facility, or home for the aged.

Illness – means only sickness or disease or Complications of Pregnancy, which require treatment by a Physician.

Inpatient – means a Covered Person who is treated as a registered bed patient and is confined in a Hospital and for whom a room and board charge is made. Inpatient also includes any observation or treatment room where the patient is confined more than eighteen (18) hours.

Lab Test – means a test that is done in a laboratory where the appropriate equipment, supplies and certified expertise are available including those procedures in the [CPT Code Range 80000]; but excluding Preventive Care and those procedures in the [CPT Code Range 36400-36416 (Venipuncture)].

Medically Necessary – means the services, care, or supplies that are required to identify or treat a Covered Person's condition and is:

- (1) consistent with the symptom or diagnosis, and treatment is distinctly aimed at improvement of a Covered Person's condition;
- (2) in accordance with standards of good medical practice;
- (3) not mainly for convenience of the Covered Person, a Physician or other provider; and
- (4) the most appropriate medical supply or level of care, which can safely be provided.

The circumstance of being ordered by a Physician will not always be conclusive that a particular service, care, or item was Medically Necessary. When applied to Inpatient care, it further means that the Covered Person's medical symptoms or condition require that the services cannot be safely provided as an Outpatient.

Medically Necessary does not include Experimental or Investigational procedures, treatment, drugs, surgery, or supplies.

Medicare – means the program established by Title 18 of Public Law 80-97 (79 Statutes 291) as amended, entitled Health Insurance for the Aged Act, also popularly known as the "Medicare Act."

Medicare National Fee Schedule – means the schedule used by the Federal Government to calculate Medicare allowances. Benefits for Surgical Procedures are payable based on the Medicare National Fee Schedule.

Mental or Nervous Disorder – means any condition classified as neurosis, psychoneurosis, psychopathy, psychosis, or functional disorders of any type or cause.

Occupational Therapy – means treatment, which consists primarily of instructing a Covered Person in the normal activities of daily working.

Outpatient – means an individual receiving medical care, treatment, services or supplies rendered by a Hospital, clinic, Physician's office, psychiatric facility, alcoholism or drug abuse treatment facility, but not as an Inpatient.

Physical Therapy – means the treatment of an Illness or Accidental Bodily Injury of a Covered Person by physical and mechanical means, such as massage, regulated exercise, water, light, heat, and electricity.

Physician – means a person holding a current license to legally practice medicine or surgery, or any other practitioner of the Healing Arts rendering care within the lawful scope of his or her license while performing Covered Services. A Physician includes a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.). Physician shall also include a person legally licensed as Podiatrist or Chiropractor. Physician shall further include a legally Psychotherapist or Psychiatric Social Worker (M.S.W.); provided such individual is working under the direct supervision of an Eligible Physician (Eligible Physician shall mean only a M.D. or a D.O.). The term "Physician" includes a Nurse Practitioner and a Physician Assistant. The term "Physician" does NOT include Christian Science Practitioners, Doctors of Holistic Medicine, Acupuncturists, Naturopathic or Homeopathic Practitioners.

Policy – means the Policy under the terms of which this coverage is written.

Policyholder – means the entity named as Policyholder on the Face Page of this Certificate.

[Pre-Existing Condition – means a condition for which a Covered Person has been medically diagnosed, treated by, or sought advice from, or consulted with, a Physician during the [0-12] months before his/her Effective Date of coverage under the Policy.]

Pregnancy – means Pregnancy or childbirth, or elective cesarean section or abortion.

Prescription – means any written order issued by a Physician for certain FDA approved medicines, supplies or therapies, which are given individually for the person whom prescribed, unless listed in Excluded Drugs. The fact that a drug is recommended or prescribed by a Physician does not make it a Covered Benefit.

Preventive Care – includes, but is not limited to, the following:

- (1) Periodic health evaluations, including tests and diagnostic procedures ordered in connection with a routine examination, such as annual physicals.
- (2) Routine prenatal and well-child care.
- (3) Child and adult immunizations.
- (4) Cancer screening services.
- (5) Hearing and vision screening services.

Preventive Care does not include any service intended to treat an existing illness or injury.

Primary Physician – means a Physician whose primary field of care is Internal Medicine, Pediatrics, Family/General Practice and includes a Nurse Practitioner and Physician Assistant.

Skilled Nursing Facility – means either (1) an institution owned and operated by or affiliated with (under written contractual arrangement) a Hospital, (2) a distinct part of (ward of) a Hospital, or (3) any institution or distinct part of an operation under Medicare. Such facility must be operated, including necessary licensing, in accordance with the laws of the state and/or locality where it is located and must be primarily engaged in providing (for persons who are convalescing from illness or accidental injury) under supervision of a Physician or staff of Physicians whose services are available at all times for the following:

- (1) room and board; and
- (2) skilled 24 hour a day inpatient nursing facilities by a full time Certified Registered Nurse (R.N.) or by such other nursing personnel as needed subject to the supervision of a Physician or such R.N. who is on duty at least 8 hours a day; and
- (3) adequate daily medical records for each patient; and
- (4) necessary and customary special services.

Sound Natural Teeth – means teeth which are intact with a root, pulp and have two surfaces restored and/or decayed, and no missing tooth structure due to fracture.

Specialist – means a Physician whose field of practice is other than that of a Primary Physician; however, the term does not include a Physician whose field of practice includes Physical Therapy, Speech Therapy or Occupational Therapy.

Substance Use Disorder – means the pathological use or abuse of alcohol or other drugs in a manner and to a degree that produces impairment in personal, social or occupational functioning and which may, but need not, include a pattern of tolerance and withdrawal.

Surgical Procedure – means (a) a cutting operation; (b) suturing of a wound; (c) treatment of a fracture; (d) reduction of a dislocation; (e) radiotherapy (including radioactive isotope therapy) if used in lieu of a cutting operation for removal of a tumor; (f) electro cauterization; (g) diagnostic and therapeutic endoscopic procedures; (h) injection treatment of hemorrhoids and varicose veins.

Third Party Administrator – means the entity performing functions, including processing any payment of claims, as may be delegated to it by the Company. [The Third Party Administrator is International Benefits Administrators, L.L.C.]

Urgent Care Facility – means a free-standing facility, by whatever actual name it may be called, which is engaged primarily in providing minor emergency and episodic, medical care. A Physician, a registered nurse and a registered x-ray technician must be in attendance at all times that the facility is open. The facility must include x-ray and laboratory equipment and a life support system. It must be licensed as an urgent care facility, if required by law. However, a facility located on the premises of, or physically a part of, a Hospital is excluded from this definition.

[Venipuncture – means the puncture of a vein with a needle for the purpose of obtaining a blood specimen limited to those procedures in the [CPT Code Range 36400-36416].]

[Waiting Period – means a period of consecutive days from the Effective Date of this Certificate during which a Covered Person is not eligible to file a claim or receive benefits. The Waiting Period, if any, for Illness is shown on the Schedule.

The Waiting Period does not apply to an Injury. A Covered Person is eligible to file a claim and receive benefits for an Injury as of the Effective Date.

Waiting Period does not apply to a newborn child, newly adopted child or a child placed with You and in Your physical custody for adoption.]

[The Waiting Period runs concurrently with the Pre-Existing Condition Limitations and Exclusions in Section 5 herein.]

We, Our, Us, Company, Insurer – means American Financial Security Life Insurance Company.

X-ray – means a type or irradiation used for imaging purposes with the image captured on photographic film including those procedures in the [CPT Code Range 70000 and those procedures in the CPT Code Range 90000] and Advanced Studies; but excluding Preventive Care.

You, Your, Yours, Member, Eligible Member – means the primary insured named as the Member on the Schedule of Benefits whose coverage has become effective and has not terminated.

SECTION 2 – ELIGIBILITY FOR INSURANCE (INSURABILITY REQUIREMENTS)

INSURED MEMBER

You will become eligible for coverage under the Policy upon meeting all the following requirements:

- (1) [You are under age 64 years and 6 months;
- (2) You have submitted a written request, upon a form approved by Us, seeking to apply for coverage as a Member insured under the Policy and are a Member of the Group Policyholder.
- (3) You furnish satisfactory Evidence of Good Health and are insurable pursuant to Our then current underwriting guidelines.
- (4) You are a permanent resident of the United States.
- (5) You are not covered under Medicare.]

DEPENDENT INSURANCE

A Dependent is eligible for coverage under the Policy upon meeting all of the following requirements:

- (1) [The Dependent is under age 64 years and 6 months;
- (2) The Member has submitted a written request, upon a form approved by Us, naming the individual as a Dependent;
- (3) The Dependent is insurable pursuant to Our then current underwriting guidelines (unless waived under other provisions of the Policy).
- (4) The Dependent is a permanent resident of the United States.
- (5) You must be insured in order for Your Dependents to be eligible for coverage.]

[Under this Section 2 – Eligibility For Insurance, all evidence that the Member and Dependents are insurable pursuant to Our current underwriting guidelines shall be provided without charge to Us.]

Re-Enrollment

If an Eligible Member's coverage under the Policy lapses because of non-payment of premium or is terminated upon an Eligible Member's request, such Eligible Member may re-enroll for coverage under the Policy provided that the Eligible Member may re-enroll for coverage under the Policy only once in any consecutive 24 month period.

SECTION 3 – EFFECTIVE DATE OF INSURANCE

MEMBER INSURANCE

Your insurance coverage under the Policy shall become effective on the monthly premium due date coincident with or next following the date on which We approve Your written request for coverage and You pay the applicable premium; provided that on the Effective Date You are not Hospital confined as an Inpatient and are able to perform the same activities as those You were able to perform at the time of application. Failure to meet these requirements will void the approval of coverage. A new application will be required to consider coverage in the future.

DEPENDENT INSURANCE

An Eligible Dependent's coverage under the Policy will become effective on the premium due date coincident with or next following the date on which We approve Your written request for Dependent coverage and the applicable premium is paid; provided that on the Effective Date the Dependent is not Hospital confined as an Inpatient and is able to perform the same activities as those he or she was able to perform at the time of application. Failure to meet these requirements will void the approval of coverage. A new application will be required to consider coverage in the future.

DEPENDENTS ACQUIRED AFTER EFFECTIVE DATE

NEWBORN CHILDREN

Coverage will be effective for a newborn child of the Member for 31 days following the moment of birth. Coverage shall continue beyond the 31-day period provided that the Member meets the following requirements:

- (1) Makes a written request for coverage, on forms approved by Us, within 31 days from the birth;
- (2) Makes the required premium payment, if applicable.

[If the above requirements are not met and the Member desires to provide future coverage under the Policy to the newborn, Evidence of the newborn's Good Health must be provided at no charge to Us and the newborn must meet Our then current underwriting guidelines. Coverage shall then take effect on the premium due date coincident with or next following the date on which We approve coverage.]

ADOPTED CHILDREN

All provisions throughout the Policy applicable to natural children also extend to adopted children or children placed with You and in Your physical custody for adoption. Coverage will be effective for adopted children of the Member for 31 days following placement in the custody of the Member. Placement means the assumption by the Member of the physical custody of the adopted child. Coverage shall continue beyond the 31-day period provided that the Member meets the following requirements:

- (1) Makes written request for coverage, on forms approved by Us, within 31 days from placement;
- (2) Makes the required premium payment, if applicable.

[If the above requirements are not met and You desire to provide coverage under the Policy to an adopted child, Evidence of the adopted child's Good Health must be provided at no charge to Us and the adopted child must meet Our then current underwriting guidelines. Coverage will then take effect on the premium due date coincident with or next following the date on which We approve coverage and any applicable premium is paid.]

ADDITIONAL DEPENDENTS

A Member may acquire additional Dependents while covered under the Policy. The insurance coverage with respect to such additional Dependents will become effective on the premium due date coincident with or next following the date on which We approve coverage provided such Dependent satisfies the eligibility requirements as set forth in Section 2 – Eligibility For Insurance and any applicable premium is paid.

SECTION 4 - BENEFITS

INDEMNITY BENEFITS

We will pay a Benefit as shown in the Schedule of Benefits for a Covered Member and their Eligible Dependent(s), in accordance with the provisions and limitations of the Policy, if the treatment, services and supplies are:

- (1) Medically Necessary as a result of an Illness or Injury, as defined in the Policy;
- (2) Received by a Covered Person;
- (3) Recommended and authorized by a licensed Physician.

INDEMNITY BENEFIT PROVISIONS

[[DAILY HOSPITAL OR SKILLED NURSING FACILITY CONFINEMENT INDEMNITY BENEFIT

[This Benefit applies only if it is shown as included in the Schedule of Benefits.]

When a Covered Person, upon recommendation and approval of a Physician, is Confined as an Inpatient in a [Hospital] or [Skilled Nursing Facility] as a result of an Illness or Injury, [or] [Mental or Nervous Disorder] [or Substance Use Disorder], We will pay a Benefit as shown in the Schedule of Benefits.

Confined or Confinement means the assignment to a bed as a resident Inpatient in a Hospital or Skilled Nursing Facility for a period of not less than [18] continuous hours on the advice of a Physician.

Not Covered

In addition to the Limitations and Exclusions in Section 5 herein, the Daily Hospital or Skilled Nursing Facility Confinement Indemnity Benefit will not be paid for the following:

- (1) Inpatient Confinement for dental treatment or oral surgery except when (a) incurred as a result of Injury to Sound Natural Teeth or to the jaw while covered under the Policy, or, (b) for multiple extractions of Sound Natural Teeth removed under general anesthesia, or, (c) removal and/or drainage of tumors, cysts, or abscesses;
- (2) Time the Covered Person is on a leave from the premises;
- (3) Confinement for Mental or Nervous Disorders, except if shown as included in the Schedule of Benefits;
- (4) Confinement for Substance Use Disorders, except if shown as included in the Schedule of Benefits;
- (5) Any period of Custodial Care;
- (6) Home health or hospice care or services;
- (7) Emergency room treatment; or
- (8) Outpatient treatment.

Newborn Care

Benefits for a newborn while in the Hospital are payable only under the mother's coverage.

If the mother is not covered under the Policy, the newborn establishes a claim as an individual and must meet the Eligibility and Effective Date requirements in Section 2 and Section 3 herein.]]

[[INPATIENT AND OUTPATIENT SURGICAL INDEMNITY BENEFIT – PROFESSIONAL SERVICES ONLY

[This Benefit applies only if it is shown as included in the Schedule of Benefits.]

When a Covered Person, while Confined as an Inpatient in a Hospital, or as an Outpatient, has a Surgical Procedure performed by a Surgeon, due to Illness or Injury, We will pay a Benefit as shown in the Schedule of Benefits.

If a Covered Person has more than one Surgical Procedure performed at the same time, a Benefit will be paid for the major procedure only.

For the purposes of this benefit, Surgeon means a Physician who is the primary surgeon, a stand-by surgeon, and any nurses or other persons assisting the primary or stand-by surgeon, in a Surgical Procedure.

This Benefit does not include the services provided by a Hospital or an Outpatient Surgical Facility.

Anesthesiology Benefit

If an anesthesiologist is required for the Surgical Procedure, an additional Benefit will be payable. This Benefit will pay [10%-30%] of the Benefit payable for the Surgical Procedure.

Not Covered

In addition to the Limitations and Exclusions in Section 5 herein, the Inpatient Surgical Indemnity Benefit will not be paid for the following:

- (1) Elective sterilization or reverse sterilization procedures;
- (2) Surgical procedures performed in a Physician's office;
- (3) Physician visits by a Surgeon;
- (4) Sex transformation or surgery related to sexual dysfunction; or
- (5) Facility services.]]

[[OUTPATIENT SURGICAL FACILITY INDEMNITY BENEFIT – FACILITY SERVICES ONLY

[This Benefit applies only if it is shown In the Schedule of Benefits.]

When a Covered Person, as an Outpatient, has a Surgical Procedure performed by a Surgeon, We will pay a Benefit as shown in the Schedule of Benefits.

If a Covered Person has more than one Surgical Procedure performed at the same time, a Benefit will be paid for the major procedure only.

For the purposes of this benefit, Surgeon means a Physician who is the primary surgeon, a stand-by surgeon and any nurses or other persons assisting the primary or stand-by surgeon, in a Surgical Procedure.

Not Covered

In addition to the Limitations and Exclusions in Section 5 herein, the Inpatient Surgical Indemnity Benefit will not be paid for the following:

- (1) Elective sterilization or reverse sterilization procedures;
- (2) Surgical procedures performed in a Physician's office;
- (3) Physician visits by a Surgeon;
- (4) Sex transformation or surgery related to sexual dysfunction; or
- (5) Professional Services.]]

[[HOSPITAL EMERGENCY ROOM VISIT INDEMNITY BENEFIT

[This Benefit applies only if it is shown as included in the Schedule of Benefits.]

When a Covered Person has a Hospital Emergency Room Visit and receives Emergency Care, We will pay a Benefit as shown in the Schedule of Benefits.

This Benefit is not payable if the Emergency Room Visit results in a Hospital Inpatient confinement.

The Hospital Emergency Room Visit must occur within 24 hours from the time the Illness was first manifested or the Injury was first incurred.]]

[[OUTPATIENT DIAGNOSTIC TESTING, X-RAY AND LAB INDEMNITY BENEFIT

[This benefit applies only if it is shown as included in the Schedule of Benefits.]

When a Covered Person, upon recommendation and approval of a Physician, has an Outpatient Lab Test or X-Ray due to an Illness or Injury, We will pay a Benefit as shown in the Schedule of Benefits.

This Benefit includes Advanced Studies as shown in the Schedule of Benefits.

Routine Lab Tests, X-rays and Advanced Studies are not covered under this Benefit. Preventive Care is not covered under this Benefit. Venipuncture is not covered under this Benefit.

Benefits will not be paid if a Covered Person is confined in a Hospital.]]

[[OUTPATIENT PHYSICIAN OFFICE VISIT INDEMNITY BENEFIT

[This Benefit applies only if it is shown as included in the Schedule of Benefits.]

When a Covered Person has a Physician's office visit or Urgent Care Facility visit due to [Illness], [Injury], [Mental or Nervous Disorder] or [Substance Use Disorder], We will pay a Benefit as shown in the Schedule of Benefits.

This benefit includes a Primary Physician and Specialist office visit as shown in the Schedule of Benefits.

[[PREVENTIVE CARE BENEFIT

[This Benefit applies only if it is shown as included in the Schedule of Benefits.]

When a Covered Person has a visit for Preventive Care, We will pay a Benefit as shown in the Schedule of Benefits. Benefits are payable for and limited to:

- (1) Well child care visits, labs, and immunizations;
- (2) Osteoporosis screenings;
- (3) Routine gynecological exams; Mammography;
- (4) Routine prostate exams;
- (5) General health exams;
- (6) Colorectal cancer screening;
- (7) Lead poisoning screening;
- (8) Cancer screenings; and
- (9) Adult immunizations.

This Benefit is not subject to any Limitation and Exclusion that requires treatment or services to be considered Medically Necessary or for the treatment of an Illness or Injury.]]

A Benefit payable under the Preventive Care Benefit is not payable under any other Benefit of the Policy.

[[AMBULANCE INDEMNITY BENEFIT

[This Benefit applies only if it is shown as included in the Schedule of Benefits.]

When a Covered Person has a conveyance by land or air ambulance for/or with Emergency Care, a benefit will be paid as shown in the Schedule of Benefits.]]

[[PRESCRIPTION DRUG INDEMNITY BENEFIT

[This Benefit applies only if it is shown as included in the Schedule of Benefits.]

When a Covered Person incurs a charge for Outpatient Covered Drugs, a Benefit will be paid as shown in the Schedule of Benefits.

Outpatient Prescription Drugs are separated into two categories:

- **Generic Drugs.** These are prescription Drugs that are chemically and therapeutically equivalent to brand name prescription Drugs in the same class but are not protected by a patent. The FDA approves generic prescription Drugs as bioequivalent- meaning they perform in Your body the same as a formulary brand Prescription Drug. These prescription Drugs are generally less costly than their brand-name counterparts.
- **Brand Drugs.** These brand-name prescription Drugs have a more cost-effective therapeutic alternative.

Refer to Your Schedule of Benefits for the Benefit for each category.

Excluded Drugs

The following Outpatient prescription Drugs will not be covered under this Benefit:

- (1) Over-the-Counter drugs, supplies or products; or
- (2) Drugs or other agents to increase or enhance fertility or the likelihood of conception; or
- (3) Drugs for the treatment of erectile dysfunction or to assist in or enhance sexual performance; or
- (4) Vitamins; provided however, pre-natal vitamins will be covered.
- (5) Drugs to eliminate or reduce a dependency or an addiction to tobacco including, but not limited to, the cessation or termination of cigarette, cigar, or tobacco smoking or the use of smokeless tobacco, including nicotine products, gums and transdermal patches;
- (6) Drugs for the treatment of hair loss or for the purpose of regrowing lost hair, such as Rogaine, Minoxidil;
- (7) Immunization agents, biological sera, blood or blood plasma;
- (8) Experimental or Investigational Drugs;
- (9) Drugs covered under Workers' Compensation;
- (10) Drugs for the treatment of obesity or diet control;
- (11) Drugs taken, prescribed or administered while an Inpatient at a Hospital, rest home, sanitarium, Skilled Nursing Facility, convalescent hospital, nursing home or similar institution which operates a facility for dispensing Drugs;
- (12) Therapeutic devices or appliances, support garments and other non-medicinal substances regardless of intended use;
- (13) Homeopathic Drugs; or
- (14) Any Drugs purchased outside the United States of America.]]

[[SUPPLEMENTAL ACCIDENT MEDICAL INDEMNITY BENEFIT

[This Benefit applies only if it is shown as included in the Schedule of Benefits.]

When a Covered Person sustains an Accidental Bodily Injury on or after the Certificate Effective Date, We will pay a Benefit as shown in the Schedule of Benefits.

Except as provided in the paragraphs below pertaining to Physical Therapy, Speech Therapy and Occupational Therapy [and the Physicians Office Visit Indemnity Benefit], this Benefit is in addition to other Indemnity Benefits in force under the Policy. This Benefit will be payable only if the other Indemnity Benefit included in Your coverage is payable because of an Accident within 90 days of the treatment, service or supply.

This Benefit includes Physical Therapy, Speech Therapy and Occupational Therapy.

When a Covered Person has Physical Therapy, Speech Therapy or Occupational Therapy, upon recommendation and approval of a Physician, as a result of Illness or Injury, We will pay a Benefit under the Supplemental Accident Benefit as shown in the Schedule of Benefits.

[A Benefit payable under the Supplemental Accident Medical Indemnity Benefit is not payable under the Outpatient Physicians Office Visit Indemnity Benefit.]

SECTION 5 – EXCLUSIONS AND LIMITATIONS

We will not provide a Benefit for any of the items listed in this section regardless of Medical Necessity or recommendation of a health care provider.

- (1) Treatment, services and supplies which are not related to a specific diagnosis, acute symptoms or course of treatment; medical care or surgery which is not Medically Necessary; and any maintenance type therapy not reasonably expected to improve the patient's condition;
- (2) [Pre-employment or pre-marital examinations; or routine physical examinations;]
- (3) Treatment, services and supplies for an Injury caused by an accident that arises out of or in the course of employment or for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Occupational Disease Law or similar legislation;
- (4) Non-prescription drugs, vitamins, minerals and nutritional supplements;
- (5) Experimental substances and/or drugs not approved by the Food and Drug Administration, or for investigative drugs or substances labeled "Caution – Limited by Federal Law to investigational use";
- (6) Treatment, services and supplies for Experimental or Investigational procedures, drugs or treatment methods;
- (7) Treatment, services and supplies for any Experimental or Investigational organ transplant procedure;
- (8) Treatment, services and supplies for which the Covered Person is not legally required to pay;
- (9) Telephone consultations, failure to keep scheduled appointments, completion of claim forms, or providing medical information necessary to determine coverage;
- (10) Treatment, services and supplies provided by a Close Relative (i.e. spouse, child or parent);
- (11) Enrollment in including, but not limited to, a health, athletic or similar club or weight loss, non-smoking, exercise or similar programs;
- (12) Recreational or educational therapy, or non-medical self-care or self-help training, nutritional counseling, marriage, family or goal oriented counseling;
- (13) Treatment, services and supplies provided outside the scope of the license for the institution or practitioner rendering services;
- (14) Education, training, custodial care or bed and board while confined to an institution which is primarily a school or other institution for training, a place of rest or a place for the aged, a personal residence;
- (15) Cosmetic Surgery;
- (16) Eye examinations, eyeglasses, or contact lenses to correct refractive errors and related services including surgery performed to eliminate the need for eyeglasses, for refractive errors such as radial keratotomy or keratoplasty and hearing exams, hearing aids, or the fitting of hearing aids;
- (17) Illness or Injury that results from war or an act of war, riot or in the commission or attempted commission of an assault or felony. This includes an act of international armed conflict. It also includes a conflict in which the armed force of any international authority is involved;
- (18) To the extent that payment under the Policy is prohibited by any law of the jurisdiction in which the Covered Person resides;
- (19) Travel or transportation by anyone other than professional ground or Air Ambulance;
- (20) Treatment, services or supplies received prior to the Covered Person's Effective Date, or after their termination date of coverage under the Policy;

- (21) Inpatient Hospital admission occurring on a Friday or Saturday in conjunction with a surgical procedure scheduled to be performed during the following week. A Sunday admission will be eligible only for the procedure scheduled to be performed early Monday morning. (This limitation will not apply to necessary medical admissions requiring immediate attention or to Emergency surgical admissions);
- (22) Pregnancy and related services;
- (23) [Custodial Care;]
- (24) [Dental services;]
- (25) Voluntary sterilization or reversal thereof;
- (26) Transsexual surgery and related surgery;
- (27) [Routine foot care;]
- (28) Amniocentesis, ultrasound or any other procedures requested solely for sex determination of the fetus, unless Medically Necessary to determine the existence of a sex linked genetic disorder;
- (29) [Temporomandibular joint dysfunction;]
- (30) Infertility and impregnation procedures, such as but not limited to, artificial insemination, in-vitro fertilization, embryo and fetal implantation and G.I.F.T. (gamete intrafallopian transfer);
- (31) Intentional self-inflicted Illness or Injury while sane; except that this exclusion will not apply to any self inflicted Illness or Injury that is the result of a medical condition ;
- (32) An Illness or Injury incurred (a) during the commission or attempted commission of a crime or felony or while engaged in an illegal act; or (b) while imprisoned;
- (33) [Physical therapy, Speech therapy and Occupational therapy except as specified in the Supplemental Accident Indemnity Benefit, if shown as included in the Schedule of Benefits;]
- (34) [Mental and Nervous Disorders except if shown as included in the Schedule of Benefits];
- (35) [Substance Use Disorders except if shown as included in the Schedule of Benefits;]
- (36) [Physician's Office Visits, except as specified in the Physician's Office Visit Indemnity Benefit, if shown as included in the Schedule of Benefits;]
- (37) [Preventive Care except as specified in the Preventive Care Indemnity Benefit, if shown as included in the Schedule of Benefits;]
- (38) [Venipuncture];
- (39) [Prescription drugs, except as specified in the Outpatient Prescription Drug Indemnity Benefit, if shown as included in the Schedule of Benefits;]
- (40) [Hospice Care;]
- (41) [Home Health Care.]
- (42) [Treatment, services, supplies for obesity, extreme obesity, morbid obesity or weight reduction, including, but not limited to, wiring of the teeth and all forms of surgery including, but not limited to, bariatric surgery, intestinal bypass surgery and complications resulting from any such surgery;] [and]
- (43) [Treatment, services and supplies for an Illness prior to the expiration of the Waiting Period.]

[LIMITATIONS AND EXCLUSIONS FOR PRE-EXISTING CONDITIONS

Benefits shall not be payable for a Pre-Existing Condition as defined herein. This provision will cease to apply to any loss incurred in connection with a Pre-Existing Condition after [0-12] months of continuous coverage.

[This provision does not apply to a newborn or newly adopted child or child placed for adoption under the age of 18 if such child is enrolled for coverage within 31 days from the date of birth or the date of adoption or placement for adoption.]

[We will credit the time the Covered Person was covered by a plan of Creditable Coverage against this Pre-existing Condition exclusion period if the no more than 63 days elapsed between the termination of the Covered Person's prior Creditable Coverage and the Covered Person's Effective Date.]

SECTION 6 - PREMIUMS

Premium Payments

Premium shall be payable by You on or before the premium due date to Us or the Third Party Administrator. Payment of any premium shall not maintain coverage in force beyond the due date of the next premium for each Coverage Month.

Premium Rate Changes

We retain the right to change the premium rates for the insurance coverage provided for You as of any premium due date by giving at least 31 days advance written notice of any such premium rate change to You. Changes in the cost of Your insurance that are not due to a premium rate change (such as a change in cost because of a change in Your age) will change on the next following renewal date. Changes in coverage will affect your rate at the time the change occurs.

Grace Period

A grace period of 31 days is allowed for payment of each premium (except the first) during which coverage under the Policy shall remain in force. Coverage may terminate prior to the end of the grace period by giving Us at least 31 days advance written notice of cancellation. Failure to pay a premium within the grace period will cause coverage under the Policy to lapse as of the date for which the last premium payment has been made.

SECTION 7 – TERMINATION OF COVERAGE

Member

A Member's coverage under the Policy will terminate on the earliest of the following dates (except as may be provided in the Continuation of Coverage provision):

- (1) The last day for which Your premium has been paid;
- (2) The date You become a full-time member of the Armed Forces of any country if the period of active duty is to exceed 31 days;
- (3) The date the Policy terminates;
- (4) The date You become effective under Medicare;
- (5) The date You cease to be a Member of the Policyholder;
- (6) [Subject to Section 9 General Provisions, Contesting Coverage,] Your Effective Date in the event of any fraud or material misrepresentation on Your part in obtaining coverage under the Policy;
- (7) The next premium due date in the event of any fraud or material misrepresentation on Your part or the part of Your representative in filing a claim.

Dependents

Insurance on a Dependent will terminate on the date such Dependent ceases to qualify as a Dependent. Except as provided in the Continuation of Coverage provision, Your Dependent insurance will automatically terminate on the earliest of the following dates:

- (1) The date Your insurance terminates;
- (2) The last day for which Your Dependent premium has been paid;
- (3) In the case of Your Dependent child, the date he no longer qualifies as a Dependent by attaining the limiting age (see definition of "Dependents").
- (4) In the case of Your Dependent child, the first day following the Dependent's marriage;
- (5) The date Your Dependent enters active duty with the armed services of any country if the period of active duty is to exceed 31 days;
- (6) In the case of a Dependent spouse, the first day following the date of the final decree of dissolution of marriage.

SECTION 8 – CLAIM PROVISIONS

Notice of Claim

Written notice of claim must be given to Us within 60 days after the Occurrence of any loss covered by the Policy, or as soon thereafter as it is reasonably possible. Notice given by or on behalf of a Covered Person to Us or the Third Party Administrator, with information sufficient to identify the Covered Person, shall be deemed notice to Us.

Claim Forms

Upon receipt of a notice of claim, We will furnish to the Covered Person such forms that are usually furnished by Us for filing proof of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the Occurrence, the character and the extent of the loss for which claim is made.

Proof of Loss

Written proof of loss must be submitted within 90 days after the date of loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time the proof is otherwise required.

Time of Payment of Claims

Benefits payable under the Policy will be paid immediately upon receipt of due written proof of such loss.

Payment of Claims

Indemnity for loss of life shall be payable in accordance with the beneficiary designation and the provisions respecting such payment prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to You or Your estate. Any accrued indemnities unpaid at Your death may, at Our option, be paid to Your beneficiary or to Your estate. All other benefits will be payable to You.

Physical Examination and Autopsy

At Our own expense, We shall have the right and opportunity to examine a Covered Person when and as often as it may reasonably require during the pendency of a claim. We also have the right to make an autopsy in case of death where it is not prohibited by law.

Legal Actions

No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Right to Collect Needed Information

It is the Covered Person's responsibility to cooperate when We or Our Third Party Administrator is investigating a claim. Upon request, the Covered Person shall:

- (1) Authorize the release of medical information, including names of all providers from whom medical attention was received.
- (2) Provide details regarding the Illness or Injury.

Claim Appeal

If Your claim is denied in whole or in part, You will receive written notification. If You disagree with the denial, You or anyone authorized to act on Your behalf, may request a review by filing a written inquiry along with supporting documentation to Us or the Third Party Administrator within 60 days of the date such claim denial is received.

We or the Third Party Administrator shall respond within 60 days of receipt of the claim denial appeal request. Special circumstances may require review of the appeal request for up to 120 days. Such response shall state specific reasons for the decision and references to the Policy provisions that are applicable to the final determination of the claim review.

SECTION 9 – GENERAL PROVISIONS

The Contract

Modifications of Contract

No agent has authority to change or waive any part of the Policy. To be valid, any change or waiver must be:

- (1) In writing;
- (2) Approved by an executive officer of Ours; and
- (3) Made a part of the Policy and Certificate.

Clerical Errors

Clerical error pertaining to the coverage of any Covered Person shall not terminate coverage otherwise validly in force nor continue coverage otherwise validly terminated. If a clerical error occurs, We or the Third Party Administrator, reserves the right to make any corresponding premium adjustment which will be computed on the basis of the premium rates then in effect.

[Contesting Coverage]

Representations

In the absence of fraud, any statement made by a Covered Person will be deemed a representation and not a warranty. Such statement will not be used in defense of a claim, unless it is or has been furnished to You or Your beneficiary, if any.

Time Limit on Certain Defenses

After 2 years from the date a Covered Person becomes covered under the Policy, no misrepresentations, except from fraudulent misstatements, made by You or the Covered Person when applying for coverage will be used to void coverage under the Policy, or to deny payment of a claim hereunder for loss incurred or disability commencing with respect to the Covered Person commencing after the expiration date of such two year period.

Misstatement of Age

If a Covered Person's age has been misstated, all benefits payable are those which the premium paid would have purchased at the correct age. If the Covered Person's correct age exceeds the maximum issue age, Our liability shall be limited to the refund of all premiums paid on that Covered Person's behalf.

[Rescission of Coverage]

We or the Third Party Administrator, reserves the right to rescind insurance coverage on any Covered Person due to Your or the Covered Person's material misrepresentation or fraud in the application for coverage. In the event of rescission, premiums will be refunded less any amounts paid for claims on behalf of such Covered Person.]

Other Provisions

Non-Participating

The insurance does not participate in Our surplus earnings.

Time Periods

All time periods begin and end at 12:01 a.m. Standard Time at Your residence.

Workers' Compensation Not Affected

Any coverage herein is not in lieu of and does not effect any requirements for coverage by Workers' Compensation Insurance.

Conformity With State Statutes

Any provision of the Policy which is in conflict with any law or regulation, to which it is subject, is automatically amended to comply with the minimum requirements of such law or regulation.

American Financial Security Life Insurance Company

[Jefferson City, Missouri]

AMENDATORY ENDORSEMENT

(Arkansas Only)

It is hereby understood that the Policy and Certificate of Insurance to which this Amendatory Endorsement is attached are amended as follows, with respect to a Member who resides in Arkansas on the Certificate Effective Date.

[A.] Under **SECTION 1 – DEFINITIONS**, the following change is hereby made:

1. The second paragraph under the definition of **Dependent/Eligible Dependents** is deleted and replaced with the following:

An incapacitated child who: (1) became a covered Dependent before attaining the applicable limited age specified above; (2) remained a covered Dependent until attaining such limiting age; and (3) on the date he/she attains such limiting age is incapable of self-sustaining employment due to mental or physical handicap and chiefly dependent upon the Covered Person for support and maintenance. Proof of such incapacity and dependency must be furnished to Us after the child's attainment of the limiting age and subsequently, as required, but not more frequently than annually following the child's attainment of limiting age.

[B.] Under **SECTION 3 – EFFECTIVE DATE OF INSURANCE, DEPENDENTS ACQUIRED AFTER EFFECTIVE DATE**, the following changes are hereby made:

1. **NEWBORN CHILDREN**, is deleted and replaced with the following:

Your newborn child is automatically covered from the moment of birth and will remain in force for 90 days. Coverage for newborns shall be the same as for all other Dependents. You must notify Us in writing within 90 days of such birth, and pay the required additional premium, if any, in order to have coverage for the newborn child continue beyond such 90 days.

2. **ADOPTED CHILDREN**, is deleted and replaced with the following:

Coverage for an adopted child or a minor under Your charge, care and control for whom You have filed a petition to adopt, is effective upon the earlier of the date of placement for the purpose of adoption, or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption. Coverage for such child will be the same as for all other Dependents. Coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement. However, You must notify Us in writing within 60 days of such placement for adoption or entry of an order and pay the required additional premium, if any, in order to have coverage for the adopted child continue beyond such 60 day period.

[C.] Under **SECTION 4 – BENEFITS, INDEMNITY BENEFITS**, the following changes are hereby made:

1. If the **[DAILY HOSPITAL OR SKILLED NURSING FACILITY CONFINEMENT INDEMNITY BENEFIT]** **[INPATIENT AND OUTPATIENT SURGICAL INDEMNITY BENEFIT – PROFESSIONAL SERVICES ONLY]** **[OUTPATIENT SURGICAL FACILITY INDEMNITY BENEFIT – FACILITY SERVICES ONLY]** is selected and shown in Your Schedule of Benefits, the following benefit has been added:

Coverage for Anesthesia and Hospitalization for Dental Procedures

This benefit includes anesthesia and hospital services performed in connection with dental procedures in a Hospital if: (1) the Physician treating the Covered Person certifies that because of the Covered Person's age or condition or problem, hospitalization or general anesthesia is required in order to safely and effectively perform the procedures; and (2) the Covered Person is: (a) a child under 7 years of age who is determined by two dentists to have a significantly complex dental condition; (b) a Covered Person diagnosed with a serious mental or physical condition; or (c) a Covered Person with a significant behavioral problem as determined by his or her Physician. This benefit does not apply to TMJ.]

2. If the **PRESCRIPTION DRUG INDEMNITY BENEFIT** is selected and shown in Your Schedule of Benefits, under **Excluded Drugs** item (8) the following is added:

(8) Experimental or Investigational Drugs. However, coverage will not be limited or excluded for any drug approved by the United States Food and Drug Administration (US FDA) for use in the treatment of cancer on the basis that the drug has not been approved by the US FDA for the treatment of the specific type of cancer for which the drug has been prescribed, provided: (1) the drug has been recognized as safe and effective for treatment of that specific type of cancer in any of the following standard reference compendia, unless the use is identified as not indicated in one of more such compendia: (a) the American Hospital Formulary Service drug information; (b) the US Pharmacopoeia dispensing information; or (2) the drug has been recognized as safe and effective for treatment of that specific type of cancer in two articles from medical literature that have not had their recognition of the drug's safety and effectiveness contradicted by clear and convincing evidence presented in another article from medical literature.]

[D.] Under **SECTION 5 – EXCLUSIONS AND LIMITATIONS**, the following changes are hereby made

1. Item (24) pertaining to Dental services] is deleted and replaced with the following:

(24) [Dental Services, except as provided in the Policy or this Amendatory Endorsement;]

2. Item (29) pertaining to Temporomandibular joint dysfunction is deleted in its entirety;

3. **Limitations and Exclusions For Pre-Existing Conditions**, the second paragraph is deleted and replaced with the following:

[This provision does not apply to a newborn or newly adopted child or child placed for adoption under the age of 18 if such child is enrolled for coverage within 90 days from the date of birth, or the 60 period beginning on the date of adoption or placement for adoption.]

[E.] Under **SECTION 8 – CLAIM PROVISIONS**, the following change is hereby made:

1. **Time of Payment of Claims** is deleted and replaced with the following:

We will pay, deny or settle all benefits due for clean claims within 30 calendar days after receipt of proof of loss submitted electronically or within 45 days by any other method.

If the resolution of a claim requires additional information, We will, within 30 calendar days after receipt of the claim, give You a full explanation of what additional information is needed. If You and the provider have provided all such additional information necessary to resolve the claim, the claim shall be paid, denied, or settled within 30 calendar days after receipt.

If We fail to pay, settle or deny a clean claim or take other required actions within 30 or 45 calendar days (excluding the time waiting for additional information), We will pay interest at the rate of 12% annually on the amount ultimately allowed on the claim, accruing from the date payment was due.

For the purpose of this provision, the following definition has been added:

"Clean Claim" means a claim that is submitted on a HCFA 1500 or on a UB92, in a format required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), or on the Plan's standard claim form with all required fields completed in accordance with the Plan's published claim filing requirements. A Clean Claim does not include a claim (1) for payment of expenses incurred during a period of time for which premiums are delinquent, or (2) for which the Plan needs additional information in order to resolve one or more outstanding issues.

IN WITNESS WHEREOF, the Insurance Company has caused this Amendatory Endorsement to be signed by its [President and Secretary].

This Amendatory Endorsement is subject to all of the exceptions, definitions and conditions of the contract not inconsistent herewith. In all other respects, your contract remains the same.

[]
[PRESIDENT][SECRETARY]

AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY
(JEFFERSON CITY, MISSOURI)

[Please print clearly illegible enrollment forms will not be processed]

[Member's Last Name	First Name	Middle Initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:	Apt.	City	State Zip
Date of Birth: Month/Day/Year	Telephone: Work	Social Security Number]	
[Are you covered by any other Health Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes Insurance company name: _____ Policy/Cert # _____ Effective Date: _____ End Date: _____ Address: _____]			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
[Dependents to be covered			
Last Name	First Name	SS#	Date of Birth: Month/Day/Year
Spouse			
Child			
Child]			

[Plan Option: 1 _____ 2 _____ 3 _____]

IMPORTANT: I understand these benefits are provided under a group insurance policy underwritten by American Financial Security Life Insurance Company and are subject to exclusions, limitations and conditions of coverage which includes, but is not limited to, an exclusion for pre-existing conditions. Coverage being applied for has limitations on each benefit. I certify that I have read or had read to me the completed enrollment form and the answers given are complete and true to the best of my knowledge and belief.

By signing below I indicate my desire to enroll in a plan of limited medical benefits issued by American Financial Security Life Insurance Company.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

[Member must sign here: _____ Date: _____]

[To be completed by Group:

Name of Group:	Group Number:	Effective Date:
Date Submitted:	Approved By:	Processed Date:

]