

MedEquity

A Single Deductible HSA Qualified
Insurance Plan for Individuals and Families
Summary of Benefits

Quality Coverage Offering Freedom of Choice!
Initial Rates are LOCKED IN for the First 12 Months!

USHEALTHTM
GROUP

America's Choice for Healthcare!

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MedEquity

As a member of the Association, you have the opportunity to choose a health care plan that offers **affordable coverage** and **financial savings** through a tax-favored Health Savings Account (HSA). The MedEquity plan is an HSA qualified high deductible, comprehensive health plan that can be used in conjunction with a tax-favored HSA.

A Health Savings Account, or HSA, is a new and innovative way where you can have a major medical health plan, and a separate savings account used to pay for health care expenses or supplement your retirement savings. The HSA plan consists of two components:

Qualified Single Deductible
Health Insurance Plan



HSA Trust or Custodial
Savings Account

What are the advantages of the MedEquity HSA Single Deductible Health Plan?

- You have a single deductible for the entire family.
- You have lower premiums than the traditional PPO plans with lower Calendar Year Deductibles.
- Your taxable income is reduced through contributions to your HSA. Any money deposited to the HSA account is tax deductible, grows tax deferred and can be withdrawn tax free to pay for insurance deductibles and covered medical expenses.
- Your funds accumulate year to year. Unused health savings account balances grow tax free.
- You have the opportunity to receive the most competitive interest rates available through our strategic alliance with First HSA, Inc.



Use your HSA funds to pay for many expenses not covered by most traditional plans!

These expenses are referred to as "qualified" expenses, below are some examples:

- Prescription medications
- Lasik eye surgery
- Eyeglasses/contact lenses
- Dental treatment
- Chiropractic care
- Birth control pills
- Fertility enhancement
- Home care

Our HSA qualified health plan offers choices to help you in selecting a tax qualified benefit design.

Your choices include selecting from a range of deductibles. A higher deductible generally allows for larger tax favored deposits into your health savings account.

Premium savings can be used to contribute to your health savings account.

HEALTH PLAN DESIGN OPTIONS

	Individual		Family	
Lifetime Maximum	\$2,000,000 or \$5,000,000		\$2,000,000 or \$5,000,000	
In-Network Deductible Options	\$1,200 ¹ \$2,000 \$2,700	\$3,500 \$5,000 ²	\$2,400 ¹ \$4,000 \$5,400	\$7,000 \$10,000 ²
Coinsurance Options	In-Network	Out-of-Network	In-Network	Out-of-Network
100% Plan	0%	20%	0%	20%
80% Plan	20%	40%	20%	40%
50% Plan	50%	50%	50%	50%
Out-of-Pocket Maximums				
100% Plan	Deductible Only	\$10,000 ³	Deductible Only	\$20,000 ³
80% Plan	\$5,000 (Includes Deductible)	\$10,000 ³	\$10,000 (Includes Deductible)	\$20,000 ³
50% Plan	\$5,000 (Includes Deductible)	\$10,000 ³	\$10,000 (Includes Deductible)	\$20,000 ³

(1) - Only available in 80% and 50% Plan

(2) - Only available in 100% Plan

(3) - Out-of-Pocket Maximum does not include your In-Network Deductible, a Separate Deductible for Non-Participating Providers (equal to your In-Network Deductible) and any Failure to Pre-Certify Treatment Deductible.

PLAN BENEFITS

Covered Expenses provided under the Certificate are expressly subject to the definitions, terms, conditions, limitations, and exclusions contained in the actual Certificate and Group Policy. A brief description of some of the coverages and other features afforded by the Group Policy and Certificates of coverage issued in Your state under the Group Policy are summarized in this brochure. These Benefits are subject to any coverage limits, Calendar Year Single Deductible, Separate Deductible for Non-Participating Providers, Failure to Pre-Certify Treatment Deductible, if any, and the Covered Insured Maximum Coinsurance Payment Per Calendar Year.

Inpatient Hospital Care	Benefits include semi-private room; intensive care; Inpatient miscellaneous medications, services and supplies; and one Provider visit per day to a maximum of 60 Provider visits per Hospital Confinement.
Surgery	Primary surgeon; assistant surgeon; anesthesiologist or nurse anesthetist; radiologist; pathologist; and second surgical opinion up to \$250.
Inpatient/Outpatient Therapy	Chemotherapy; Occupational Therapy; Radiation Therapy; Speech Therapy; and Physical Therapy (Physical Therapy is limited to 25 treatments or \$2,000 per Covered Insured per Calendar Year).
Inpatient Testing	Benefits include expenses charged by a Hospital and fees charged by a Provider.
Emergency Room Services	Emergency room services and supplies; Provider services for surgery; services of registered nurse; X-ray and lab exams; prescriptions drugs; surgical dressing, casts, splints, trusses, braces and crutches.
Accidental Injury	Benefits include fees charged by the emergency room of a Hospital, an Emergency Care Facility and the Provider for Outpatient treatment of an Injury.
Emergency Transportation by Ambulance	Benefit provides transportation by ground or air ambulance for an Emergency Sickness or Emergency Injury.
Outpatient Prescription Drugs	Benefit provides for Covered Expenses Incurred for Prescriptions.
Provider Office Visits	Professional services rendered in an Outpatient visit at the professional offices of the Provider.
Outpatient Diagnostic Testing and Laboratory Services	Benefits include expenses charged by a clinic, Hospital or Ambulatory Surgical Center and fees charged by the Provider.
Adult Wellness Preventive Care	Benefit will pay up to \$250 per Calendar Year for a routine annual Outpatient physical examination performed by a Participating Provider, after the Certificate has been in force for 12 months.
Childhood Preventive Care	Benefits include Child Health Supervision Services for a child from birth to age one, not to exceed a maximum limit of \$500, including a maximum Benefit of \$75 for hearing screening. For any year thereafter, the maximum limit is \$150 per Calendar Year and is limited to one (1) visit payable to one (1) Provider for all services. Benefit is not subject to deductibles or coinsurance.
Newborn Care	Care for Injury, Sickness, congenital defects, birth abnormalities, premature birth and well baby care for 48 hours following vaginal delivery and 96 hours following cesarean section. Also includes a \$200 transportation Benefit when special transportation is necessary to protect the health and safety of the newborn.
Breast Reconstruction	Hospital and Provider charges Incurred for Breast Reconstruction incident to a Mastectomy.
Home Health Care	120 days in a 12 month period, subject to daily maximum of 50% of the semi-private room rate, must be for the same or related Injury or Sickness as the Hospital or Skilled Nursing Home Confinement and must begin within 30 days after discharge from a Hospital or Skilled Nursing Home.
Hospice Care	Limited to 6 continuous months.
Skilled Nursing Home	120 days in a 12 month period if the Covered Insured has first been in a Hospital for 3 consecutive days; stay must begin within 30 days of discharge from the Hospital; the Injury or Sickness must be related to the Hospital Confinement and the Provider must certify the need for Skilled Nursing Home Confinement.
Medical Equipment	Rental (not to exceed the purchase price) of a wheelchair, hospital bed, or other durable, portable medical equipment used for therapeutic treatment.
Diabetes Supplies and Services	Diabetes Equipment, Diabetes Supplies and Diabetes Self-Management Training.

PLAN BENEFITS (CONTINUED)

The **MedEquity** plan provides benefits for the following:

- Mammography - This Benefit is limited to \$85.00 per Calendar Year.
- Pap Smear
- Prostate Cancer Screening
- Temporomandibular Joint Disorder and Craniomandibular Disorder. - This Benefit is limited to a lifetime maximum of \$5,000.00 for each Covered Insured.
- Alcoholism. - This Benefit is limited to a lifetime maximum of \$550.00 for each Covered Insured.

Optional Maternity Benefit Rider

For an additional premium, and subject to the base plan deductible and coinsurance, Maternity Benefits will be Provided for You or Your Spouse's pregnancy subject to the terms, conditions, limitations, exclusions and definitions contained in the Certificate, unless otherwise specified.

Covered Expenses Incurred for pregnancy shall be covered only after the Certificate has been in force for a period of two hundred seventy (270) days from the date of the Certificate.



PLAN FEATURES



12-Month Rate Guarantee

12-month rate guarantee locks in the initial premium for the first twelve months of coverage. It does not apply to any rate change due to: change of address; Benefits; or calculations of premiums mandated by law.

Adjustment of Premium

We will not raise Your premium rates on an individual basis due to Your personal claims experience. We may raise Your premium rates on a Class Basis for all Certificates in Your state based in part upon the claims experience of the entire class. Class may be based on any one or more of the following: plan of coverage, age, sex and/or place of residence, number of dependents and Issue Date. Premium rates for individuals of the same sex and age may vary by Issue Date. Covered Insureds are always free to request and apply for new underwritten coverage on this or other available plans.

Coordination of Benefits

The Certificate contains a Coordination of Benefits provision, which describes how Benefits will be payable. Benefits payable under the Certificate will be proportionately reduced by other valid coverage as outlined in the Certificate. In the event a Covered Insured is eligible for or has coverage under Medicare, and/or its amendments, Benefits will be limited to the excess of the Usual and Customary charges for Covered Expenses under the Certificate that are not paid by Medicare and/or its amendments.

PLAN FEATURES

Termination

A Covered Insured's coverage ends on the earlier of: 1) the premium due date in the month following the date the Group Policy is terminated by the Group Policyholder; 2) the due date of any unpaid premium, subject to the grace period; 3) the premium due date in the month following the date We elect to cease offering coverage of this same certificate form type in Your state and to terminate all such forms of this type in Your state, in which case You will be given an opportunity to convert to a similar plan that we are currently marketing; 4) the premium due date in the month following the date We elect to discontinue offering association health benefit plans and similar types of coverage under any individual medical expense policy form in Your state; 5) the date You terminate coverage by notifying Us of the date You desire coverage to terminate; 6) the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the Certificate or in filing a claim for Benefits under the Certificate; 7) with respect to Your spouse who is covered under the Certificate, the premium due date in the month following the effective date of Your divorce decree, annulment or court approved separation; 8) with respect to Your child(ren) who are covered under the Certificate, the premium due date in the month following such Covered Insured's 19th birthday (24th if a Full-Time Student).

Renewability

You may renew coverage under the Certificate by payment of the renewal premium within the grace period. We may refuse to renew or cancel coverage for all Covered Insureds under the Certificate only for the following reasons: 1) Nonpayment of the required premium in the time allowed under the Certificate; 2) Fraud or intentional misrepresentation of material fact on the application attached to the Certificate or in filing a claim for Benefits or Additional Benefits under the Certificate; 3) The Group Policy is non-renewed or cancelled; 4) We are required by the order of an appropriate regulatory authority to non-renew the Certificate or Group Policy; 5) We cease offering coverage of this same form type in Your state, and to terminate all such plans of this type in Your state, in which case You will be given an opportunity to convert to any similar medical expense policy or certificate that We are then actively marketing and offering to new applicants in Your state; or 6) We elect to discontinue offering all association group health benefit plans and similar types of coverage under any individual medical expense policy form in Your state.

EXCLUSIONS

The Certificate does not provide coverage or any payment for the following:

- any professional fees or other medical expenses for treatments, care, procedures, services or supplies which are not Covered Expenses;
- any professional fees or other medical expenses for treatments, care, procedures, services or supplies which are not specifically enumerated in the Benefits or Additional Benefits sections of the Certificate;
- treatment of the teeth, the surrounding tissue or structure, including the gums and tooth sockets. This exclusion does not apply to treatment: (a) due to Injury to natural teeth; (b) for malignant tumors; or (c) for TMJ (Temporomandibular Joint Disorder) or CMD (Craniomandibular Disorder);
- Injury or Sickness due to any act of war (whether declared or undeclared);
- services provided by any state or Federal government agency, including the Veterans Administration unless, by law, a Covered Insured must pay for such services;
- services covered by Medicare, or any other government insurance plan (except Medicaid);
- any Injury or Sickness covered by any Worker's Compensation, Occupational Disease Law, or Employer's Liability Law;
- experimental drugs or substances not approved for general use by the Food and Drug Administration except those off-label drugs used in the treatment of cancer if such drugs are recognized for treatment of the covered indication in a standard reference compendia or in substantially accepted peer-reviewed medical literature;
- or drugs labeled "Caution - limited by Federal law to investigational use";
- experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- eye refractions, eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any professional fees or other medical expenses Incurred by a Covered Insured which were caused or contributed to by such Covered Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self-inflicted Injury;
- suicide or any attempt thereof, while sane or insane;
- serving in one of the branches of the armed forces of any foreign country or any international authority;
- voluntary abortions;
- services Provided by You or a Provider who is a member of a Covered Insured's Family;
- any medical condition excluded by name or specific description by the Certificate, as well as any riders, endorsements, or amendments attached to the Certificate;
- any loss to which a contributing cause was the Covered Insured's being engaged in an illegal occupation or illegal activity;

EXCLUSIONS (CONTINUED)

- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- cosmetic surgery, except for Medically Necessary cosmetic surgery performed under the following circumstances: where such surgery is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function or congenital deformity, or is incident to a Mastectomy;
- voluntary sterilization;
- reversal or attempted reversal of a previous elective attempt to induce or facilitate fertility or sterilization, or hormone therapy, artificial insemination or any other direct conception;
- fertility hormone therapy, fertility devices of any type, contraception;
- any operation or treatment performed in connection with sex transformations or any type of sexual dysfunction, including complications arising from any such operation or treatment;
- services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any professional fees or other medical expenses which exceed 100% of those actually Incurred by the Covered Insured;
- Covered Expenses which exceed the Lifetime Certificate Maximum shown in the Certificate Schedule;
- any professional fees or expenses for which the Covered Insured and/or the Primary Insured is not legally liable for payment;
- any professional fees or other medical expenses for which the Covered Insured and/or the Primary Insured were once legally liable for payment, but from which liability the Covered Insured and/or the Primary Insured were released;
- treatment or services for behavioral or learning disorders, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- any professional fees or other medical expenses Incurred as the result of an Injury which was caused or contributed by a Covered Insured racing any land or water vehicle;
- Covered Expenses for organ and bone marrow transplants, including the cost of the organ, which exceed the Lifetime Organ and Bone Marrow Transplant Maximum shown in the Certificate Schedule;
- services or surgical procedures rendered or performed in connection with harvesting of an organ or bone marrow for the purposes of transplanting;
- any professional fees or other medical expenses Incurred for the diagnosis, care or treatment of Mental and Emotional Disorders, Alcoholism, and drug addiction/abuse, except as stated in the Alcoholism provision;
- maternity or any other expenses related to childbirth, except Complications of Pregnancy as stated therein, unless the optional MATERNITY BENEFIT RIDER was purchased and in force on the date said expenses related to childbirth or maternity were Incurred;
- contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
- immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an Outpatient basis;
- products used for cosmetic purposes or indications;
- level one controlled substances;
- Prescription Drugs used to treat or cure hair loss or baldness;
- anabolic steroids or growth hormones;
- appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control;
- fertility medications;
- compounded Prescription Drugs;
- drugs or medications prescribed for the treatment of sexual or erectile dysfunctions;
- fluoride products;
- allergy kits intended for future emergency treatment of possible future allergic reactions;
- replacement of a prior filled prescription for Prescription Drugs that was covered under the amendatory endorsement, and is replaced because the original prescription was lost, stolen or damaged;
- abortifacants or any other drug or device that terminates a pregnancy;
- drugs or medication not used for an Food and Drug Administration ("FDA") approved use or indication;
- Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products;
- Prescription Drugs, which have an over the counter equivalent that may be obtained without a Prescription, even though such Prescription Drugs were prescribed by a Provider;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by a Covered Insured for consumption by someone other than such Covered Insured;
- investigational use or experimental use Prescription Drugs, except for those investigational or experimental drugs that meet the following criteria: (a) has been approved by the FDA for at least one indication; and (b) is recognized for treatment of the indication for which the drug is prescribed in: (1) a standard drug reference compendia; or (2) substantially accepted peer-reviewed medical literature; and (c) is included in the Preferred Drug List;
- immunosuppressants;
- anti-fungal medication used for treatment of onychomycosis;
- psychotherapeutic drugs, including antidepressants;
- tobacco cessation products; and
- drugs prescribed for the treatment of any disease, illness or condition that has been excluded from coverage under the Certificate by exclusionary rider, limitation or exclusion.

LIMITATIONS

- The Certificate does not cover expenses for Pre-existing Conditions unless the expenses are Incurred more than twelve (12) months after the Issue Date of the Certificate, and are not otherwise limited or excluded by the Certificate or any riders, endorsements, or amendments attached to the Certificate. Pre-existing Condition means a condition, whether physical or mental, and regardless of the cause for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) month period immediately preceding the effective date of coverage under the Certificate for the Covered Insured Incurring the expense or which Manifested during the six (6) month period immediately preceding the effective date of coverage under the Certificate for the Covered Insured Incurring the expense.
- Adult Wellness Preventive Care does not include charges (i) by Participating Providers for any spinal manipulations, physical therapy, occupational therapy, or other Outpatient therapy or treatment, or any form of medical or surgical treatment of an Injury or Sickness; or (ii) by a Non-Participating Provider for any service, care, test or treatment.
- Covered Insureds have the right to obtain Prescription Drugs from the pharmacy of their choice. However, if Covered Insureds (i) use a Non-Participating Pharmacy to fill their Prescriptions, or (ii) do not present their correct ID card at a Participating Pharmacy when their Prescriptions are filled, then such Covered Insureds must pay the applicable pharmacy in full and file a claim form with the Company for reimbursement. In such events, the Covered Insureds will be reimbursed by the Company at the discounted or negotiated rate for such Prescription Drugs that would have been paid to a Participating Pharmacy by the Company under the amendatory endorsement if the Covered Insured had used a Participating Pharmacy and properly presented their correct ID card at the time the Prescriptions were filled. Pre-authorization may be required by the Company prior to the time that Prescriptions for certain Prescription Drugs are filled. Because the Calendar Year Single Deductible under the Certificate is calculated on the basis of Covered Expenses, it is possible that every dollar a Covered Insured pays for Prescription Drugs at a Participating Pharmacy may not apply toward meeting the Calendar Year Single Deductible, even if such amounts may have been properly paid from the Covered Insured's Health Savings Account. Covered Expenses payable under the amendatory endorsement shall not be duplicated, included or otherwise covered under any other portions of the Benefits or Additional Benefits sections of the Certificate, including, or any other riders, endorsements or amendments attached thereto. In no event will Covered Expenses applied to the Calendar Year Single Deductible or paid by Us under the amendatory endorsement, the Certificate to which it is attached, or any other amendatory endorsements exceed the actual amount of expense agreed to be accepted as payment in full by the Participating Pharmacy after the application of all applicable negotiated discounts. Expenses charged to a Covered Insured for Prescription Drugs that are mistakenly applied by Us to the Calendar Year Single Deductible or erroneously paid by Us under the Outpatient Prescription Drug Benefit does not mean We have any liability for coverage or the payment of any other Benefits under the Certificate for the illness, Injury or condition that resulted in such expenses, and any such mistake and error by Us shall not constitute a waiver of or modification to any of the conditions, terms, definitions, limitations or exclusions contained in either the Certificate or any exclusionary rider attached to the Certificate.
- Benefits under the Certificate for any Covered Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, shall be limited to only the excess of Usual and Customary charges for services, supplies, care or treatment covered under the Certificate that are not paid by Medicare and/or its amendments, subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in the Certificate.
- Any loss which results from hernia, disease or disorders of the reproductive organs, hemorrhoids, varicose veins, tonsils and/or adenoids, or otitis media shall be covered only if such loss occurs after the Certificate has been in force for a period of six (6) months from the Issue Date of the Certificate, provided these Sicknesses are not excluded by any rider, endorsement, or amendment attached to the Certificate, and these Sicknesses are not Pre-existing Conditions.
- The amount of the Covered Insured Maximum Participating Provider Coinsurance Payment Per Calendar Year, the Calendar Year Single Deductible, and the Failure to Pre-Certify Treatment Deductible shall not exceed the Covered Insured Maximum Participating Provider Coinsurance Payment Per Calendar Year.
- Organ and Bone Marrow Transplant is limited to a Lifetime Maximum of \$500,000.
- Pre-Certification is required for all Inpatient Hospital care and surgery. There is an additional deductible in the amount of \$1,000 that will be applied for failure to pre-certify treatment.

Note: The information shown here and in any accompanying literature does not provide full details of the Certificate. Different plan provisions may apply in certain states. This brochure is only a brief description of Benefits available. The complete terms of the coverage, including limitations and exclusions, and any state required provisions are in the Certificate.

Freedom Life Insurance Company of America has agreed to perform or cause to be performed certain monthly administrative services on behalf of the association including collection of certain enrollment fees and monthly membership dues on behalf of the association, and transmission to the association of monthly membership census data. Freedom Life Insurance Company of America is paid a monthly fee by the association for these administrative services.