

National Healthcare Insurance Program



Finally, a fully-insured healthcare insurance program that is affordable!

Our health is something we take for granted—until there is a problem. The Healthcare Insurance Program is a voluntary defined benefit medical program that helps pay basic medical expenses related to illnesses or emergencies from covered accidents to help you get the medical attention you need—when you need it.

This fully-insured health insurance program includes...

- ◆ Use your own healthcare provider.
- ◆ Three plans to choose from.
- ◆ Guaranteed issue - no health questions.
- ◆ Simple to understand and use.
- ◆ No pre-existing condition limitations, no deductibles, co-pays or co-insurance.
- ◆ Doctor's office, in-hospital & outpatient benefits.
- ◆ Critical Illness.
- ◆ Prescriptions.
- ◆ National PPO Network.

**To discuss these plans,
please call 888-881-2307.**

Benefit Chart

Benefit Type and Description	Plan 1	Plan 2	Plan 3
In-Hospital Benefits			
Daily In-Hospital Confinement When a covered person is confined to a hospital as a result of a covered sickness or accident. Benefits are paid for each day an insured is confined in a hospital up to a maximum of 30 days confinement.	\$200 per day	\$400 per day	\$1,000 per day
In-Hospital and Surgical Additional Benefit Benefit pays an additional benefit for each covered person when he/she receives treatment or surgery while confined to a hospital as an inpatient as a result of a covered accident or sickness. This benefit pays up to 1 confinement per calendar year.	\$500	\$1000	\$1,000
Surgical and Anesthesia Benefit Pays when a covered person undergoes a surgical procedure listed in the schedule of benefits as a result of a covered accident or sickness. The anesthesia benefit is paid at 20% of the surgical benefit amount.	\$1,000 per surgical procedure	\$1,500 per surgical procedure	\$2,500 per surgical procedure
Intensive Care Daily Benefit When a covered person is confined to a intensive care unit in-hospital as a result of a covered accident or sickness. Benefits are paid for each day when an insured is confined to hospital intensive care up to 30 days.	N/A	\$1,000 per day	\$1,000 per day
Outpatient Benefits			
Outpatient Physician Office Visit Benefit Pays per visit as a result of a covered sickness or accident up to a maximum of 6 visits per covered person per year.	\$50 per visit	\$80 per visit	\$80 per visit
Outpatient Diagnostic X-ray and Laboratory Benefit Pays per day for tests performed for the purpose of diagnosis of a covered sickness or accident. Up to 3 days of testing per calendar year per covered person.	\$50 per day	\$50 per day	\$100 per day
Wellness Indemnity Benefit (6-month waiting period) Pays benefit for each covered person who has one of the following tests: physical exam, flexible sigmoidoscopy, mammograms, prostate specific antigen test, pap smear, immunization, blood screenings. Payable once per calendar year for each covered person after a 6 month or 12 month waiting period. Services must be under the supervision or recommendation of a physician.	N/A	\$100	\$100
Off-The-Job Accidental Injury Benefit Benefit pays 100% of expenses up to a maximum of the benefit amount shown per covered accident, up to 5 covered accidents per covered person, per calendar year.	\$300	\$500	\$1,000

Benefit Chart, continued

Benefit Type and Description	Plan 1	Plan 2	Plan 3
Additional Plan Benefits			
Group Term Life Policy with Accidental Death and Dismemberment Rider Participant, Spouse and Children are eligible.	\$5,000 for participant, \$2,500 for spouse, and \$2,500 per child	\$5,000 for participant, \$2,500 for spouse, and \$2,500 per child	\$5,000 for participant, \$2,500 for spouse, and \$2,500 per child
Prescription Drug Benefit Pays per prescription when an insured incurs expenses for prescription drugs prescribed by a physician as a result of an accident or sickness. Pays up to 12 prescriptions per calendar year for each covered person. *Present your Caremark prescription drug card to one of Caremark's 55,000 participating providers, you can receive at least 14% off the retail pharmacy price of brand-name drugs and up to 60% for generic.	\$10 per prescription	\$20 per prescription	\$20 per prescription
Critical Illness Benefit - Subsequent Critical Illness Benefit Pays benefit when the insured is diagnosed with a covered critical illness. Amount is payable up to two times for each covered person under the Critical Illness Benefit and the Subsequent Critical Illness Benefit. The Subsequent Critical Illness Benefit is paid if the covered person is diagnosed as having a subsequent and different covered critical illness more than sixty (60) days after the first one. Dependent coverage is equal to 50% of the insured benefit amount.	\$2,500	\$2,500	\$5,000
Save on Meds See Additional Plan Benefits for details.	Included	Included	Included
Aetna Dental Access® See Additional Plan Benefits for details.	Included	Included	Included
Vision Benefit See Additional Plan Benefits for details.	Included	Included	Included
My Healthy Lifestyle® See Additional Plan Benefits for details.	Included	Included	Included

Monthly Cost			
Participant	\$136.66	\$196.72	\$259.28
Participant & Spouse	\$191.51	\$311.32	\$426.85
Participant & Children	\$180.05	\$299.01	\$398.48
Family	\$239.55	\$414.75	\$567.76

Additional Plan Benefits

The following benefits are included with all plans previously described.

Save on Meds

In addition to your retail and mail order drug plan included in this program, the Save on Meds service, reviews your monthly maintenance prescription cost to look for additional savings and options customized to you! First on your behalf, Save on Meds (i) consults a local in country physician and obtains a prescription for the prescribed medication; (ii) has the prescription filled by a licensed pharmacist, and it facilitates shipping and packaging by the pharmacy. The pharmacy packages and ships your order to your address, for which we charge a shipping and handling fee as shown on our price list.

Aetna Dental Access® ~ over 71,000 locations.

Aetna Dental Access® **this is not insurance**, this is a discount or reduced-fee dental program. This program is designed for health conscious consumers looking to maintain their oral health and minimize their dental care expenses.

General dentists who participate in Aetna Dental Access® have agreed to accept the Aetna Dental Access® contracted rate as payment in full for services performed. A sample table of Aetna Dental Access® discounted fees can be found below.

Procedure Description	Usual Fee ¹	Discounted Fee (For Plan Members) ²	Member Savings
Routine 6-Month Check-Up	\$43	\$24	\$19
In Depth Check-Up	\$69	\$37	\$32
Full Mouth X-Rays	\$114	\$65	\$49
Four Bitewing X-Rays	\$55	\$25	\$30
Panoramic Film	\$97	\$50	\$47
Adult Teeth Cleaning	\$83	\$44	\$39
Child Teeth Cleaning	\$62	\$32	\$30
Protective Sealant / Tooth	\$46	\$26	\$20
1 Surface White Filling for U or L Front Tooth	\$135	\$71	\$64
Single Crown - Porcelain on High Noble Metal	\$981	\$566	\$415
Single Crown - Porcelain on Noble Metal	\$912	\$549	\$363
Root Canal Treatment - Molar	\$919	\$522	\$397
Perio Scaling and Root Planing (Per Quadrant)	\$217	\$123	\$94
Full Upper Denture	\$1,353	\$725	\$628

The sample table above is a small selection of common procedures discounted by Aetna Dental Access®. The procedures discounted under Aetna Dental Access® offer similar savings to the sample above.

*Anticipated national average dental charges for the 2006 calendar year based on the comparison of provider negotiated fees to national average charges. Actual costs and savings vary by provider and geographical area.

**According to the Aetna Enterprise Provider Database as of March 1, 2006

¹ This fee schedule is only to be used as a guide to determine approximate prices for dental services in the applicable area. The discounted fee schedule amount reflects the average fee information currently available on our systems. Individual dentist fee schedules may differ. Aetna makes no guarantee as to the accuracy of any particular fee amount.

² Discounted fees are listed for visits to a participating general dentist. Members will be charged the provider's Aetna Dental Access® contracted fees. Charges may vary from the sample fee schedule above. Consult with your provider prior to beginning any treatment. Lab fees may be additional.

This plan is based geographically by ZIP code in terms of provider participation and location. Fee schedules and savings may vary by ZIP code and by Provider within a ZIP code.

Additional Plan Benefits, continued

The following benefits are included with all plans previously described.

Vision Benefit*

Coast to Coast (CTC) Vision has contracted with over 12,000 eyecare locations nationwide. Members save on eyeglasses, contacts, eye exams and surgical procedures. The CTC provider network is the most comprehensive in the U.S. and includes ophthalmologists, optometrists, independent optical centers and national chain locations such as Pearle Vision, JCPenney Optical, Sears Optical, Target Optical, LensCrafters, and EyeMasters.

Highlights

- Savings of 20% to 60% on prescription eyewear.
- Also, save 10% to 20% on contact lenses (excluding disposables) at participating retail locations.
 - Savings of 10% to 30% on eye exams.
 - Save 40% to 50% off the overall national average on LASIK surgery (PRK and CK available at select locations).
 - Most frames, lenses and specialty items such as tints, coatings and UV protection are available.
 - No limit on the number of times membership may be used during the year.
 - Two guarantees - 30 day unconditional money-back satisfaction guarantee and low price guarantee on eyeglasses
 - Members may nominate their own eye care professional to join the network.

* Vision Benefit is not available to VT residents.

Vision Frequently Asked Questions

What is the vision benefit? Does it include eye exams? Does it include contact lenses?

The vision benefit offers 10% to 60% discounts on eyewear and eye care at more than 12,000 optical locations throughout the United States. Providers include national optical chains such as LensCrafters, Pearle Vision, EyeMasters, JCPenney, and Sears as well as regional chains and thousands of independent practitioners. Often many participating locations offer discounts of 10% on eye exams for both eye glasses and contact lenses. Additionally, the ophthalmology portion of the network offers 10% to 30% discounts on eye exams and surgical procedures, including the popular laser surgeries in select markets.

On average, members receive a 20% discount on replacement contact lenses (excluding disposable lenses) at retail locations. Members may elect to use the mail order service to purchase replacement contact lenses (including disposables) at a 10% to 40% discount.

What is included with CTC membership?

Prescription glasses & contact lenses are discounted 20% to 60% in most cases. Eye exams and surgery are discounted 10% to 30% where available.

Why does the discount vary from 10% to 60%?

Many variables go into the calculation of the discount such as market demographics, location, hours of operation, one-hour service capability and level of retail mark-up.

Example - a chain provider in a major metropolitan mall, open seven days a week, 10 hours a day with an on-site lab, will more than likely have a different mark-up than an independent practitioner in a rural community. However, members will pay almost exactly the same price for the exact same materials regardless of where the purchase is made. Only the percentage of discount off retail may vary.

Can members receive the discount at any optical location?

No. Members must go to an optical location that is contracted with Coast to Coast Vision to receive a discount. Our providers include national, regional and local chains as well as thousands of independent professionals.

Is the eye exam discounted?

Yes, at approximately 4,000 of our 12,000 locations nationwide. Our member service representatives can tell you which locations discount eye exams in your area.

Additional Plan Benefits, continued

Vision, continued

Ophthalmology and Laser

Savings of 10% to 30% on eye exams and surgical procedures, including LASIK where available. Through QualSight, you may save 40% to 50% off the overall national average on LASIK surgery (PRK and CK available at select locations).

We contract with ophthalmologists (M.D.s) in selected markets across the country to provide you with discounts on eyeglasses, contact lenses, eye exams, and surgical procedures (including PRK and LASIK surgery) where available. If there is not an ophthalmologist in your area, you may give the doctor's name, address, and phone number to our representative and your doctor will be invited to join the program.

In keeping with our tradition of utilizing both chain and independent providers, we contract with national chains of laser surgery centers to provide discounts on refractive laser surgery. In addition, we contract with independent ophthalmologists who also provide discounts on refractive surgery.

Vision Care Major Chains

National Chains:

Pearle Vision
Sears Optical
JCPenney Optical
Target Optical
LensCrafters
Sterling Optical
TLC Laser Vision Centers

Regional Chains:

American Vision Center
Bard Optical
Budget Opticals of America
Cohen's Optical
Clear Vision Laser Centers
Doctors Valuvision
Doctors Vision Works
Duling Optical
E.B. Brown Opticians
Empire Vision
Eye DRX
EyeMasters
Eyes First Vision Center

For Eyes
H. Rubin
Hour Eyes
Ideal Optical
Nationwide Vision Center
Site for Sore Eyes
Stein's Optical
Texas State Optical
Thoma Opticians
Uhlemann Optical
Valu-Vision
Visionworks
Vision World

Payment must be made at the time of service in order to receive a discount.

Mail Order Contacts

Members receive greater savings on contact lenses through our mail order program. Members simply call a toll-free number for price quotes and to place an order. Most orders are received within 7 to 14 days.

Highlights

- Savings of 10% to 40% through the mail order services.
- Most major brands of contact lenses are available, including disposables, torics, bifocals and gas permeable lenses.
- All valid prescriptions are kept on file for reorder purchases.
- No limit on the number of times the membership may be used during the year.

Additional Plan Benefits, continued

Vision, continued

Price Comparisons

Example 1 ~ East		Example 2 ~ Midwest		Example 3 ~ South and West	
Regular Exam (Ophthalmologist)	\$150.00	Regular Exam (Ophthalmologist)	\$190.00	Extended Exam (Ophthalmologist)	\$225.00
CTC Member pays:	\$120.00	CTC Member pays:	\$133.00	CTC Member pays:	\$157.50
Savings:	\$30.00	Savings:	\$57.00	Savings:	\$67.50
Conventional Lasik:	\$5,500.00	Frames (Regular)	\$89.95	Frames (Regular)	\$200.00
CTC Member Pays:	\$3,600.00	CTC Member Pays:	\$54.47	CTC Member Pays:	\$72.72
Savings:	\$1,900.00	Savings:	\$31.48	Savings:	\$127.28
TOTAL SAVINGS=\$1,930.00					
		Progressive / Polycarbonate	\$209.00	Single Vision Lens (Plastic)	\$170.00
		CTC Member pays:	\$156.75	CTC Member pays:	\$110.50
		Savings:	\$52.25	Savings:	\$559.50
		TOTAL SAVINGS=\$140.73		TOTAL SAVINGS=\$254.28	

My Healthy Lifestyle®

An integrated health care model centers not only on disease or treating individual symptoms, but rather on wellness. This focus on a healthy lifestyle will ultimately have an impact on long-term health and will truly reduce healthcare cost!

- Healthy Lifestyle
- Healthy Eating
- Integrative Medicine
- Natural Pharmacy
- Spa, Retreat & Travel
- Fitness Benefits
- Newsletters
- The Wellness Library

Association Benefits

The following benefits are included with all plans previously described.

Association Member Fulfillment Benefits

Health Services

Medical Air Travel Assistance

As a member you receive such travel assistance as emergency evacuation, travel for family member visit, vehicle return, minor child return/escort, legal services, insurance coordination and emergency cash transfers.

24-Hour Nurse Help-line Plan

Members have unlimited access to registered nurses via a toll-free number 24 hours a day, 365 days a year. These nurses are able to provide prompt, informed decisions about a member's health, illness and medications.

Gateway Medicaid

As a member, you may order one free card to carry with you, which contains all your vital health information. The Gateway Medicaid keeps your personal medical profile handy.

Vitamin and Nutritional Supplements

As a member you will receive a complete line of quality vitamins, nutritional supplements, herbal remedies and generic over-the-counter medicines at discounted prices.

LensCrafters Vision Club

As a member you will receive special rates on all materials and services at LensCrafters. Up to 20% discount on all purchases.

Mail Order Hearing Services

As a member you will receive up to 60% off prices you may pay elsewhere on premium quality hearing aids.

Consumer Services

24-Hour Emergency Roadside Assistance

As an Association Member you can register to receive coverage up to \$50 for each covered emergency expense.

Child ID Safety Network

By registering your children with UBR Child ID Card Services, authorities will be able to provide faster help if your child may be missing or abducted. Registration of your first two children is free through this association.

Magazine Discounts

Save up to 85% off regular subscription rates on popular titles with the Association magazine discount service.

Long Distance Phone Service

Lowest long distance rates available: 4.5¢ per minute anytime, anywhere with your Association membership.

High Speed Dial-Up Internet Access Service

You can take advantage of PNG's high-speed dial-up service for only \$12.95 a month.

Quest Travel Plan

Members receive up to 30% on "Choice Hotels" Clarion, Comfort Inn, Quality Inn, Econolodge, and Sleep Inn locations. Also, cruise lines including Carnival, Princess and Royal Caribbean.

Auto Rental Discounts

As an Association member you will receive discounts at Alamo, Hertz, Avis and National Car Rental.

Limitations and Exclusions

Health Options contains certain limitations and exclusions, which are listed below. It's important you fully understand these limitations and exclusions.

Specifically, no benefits will be payable as the result of:

- ♦ In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage;
- ♦ Any intentionally self-inflicted injury or sickness;
- ♦ Rest care or rehabilitative care and treatment;
- ♦ Immunization shots and routine examinations such as physical examinations, mammograms, pap-smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests & blood screenings unless the Wellness Benefit is included;
- ♦ Routine newborn care, including routine nursery charges (unless covered under the Wellness Indemnity Benefit);
- ♦ The treatment of mental illness; functional or organic nervous disorder, regardless of cause; (unless the daily Inpatient Mental and Nervous Benefit is shown on the Schedule of Benefits); alcohol abuse, and drug abuse, unless such drugs were taken on the advice of a physician and taken as prescribed (unless the daily Inpatient Drug and Alcohol Benefit is shown on the schedule of Benefits)
- ♦ Participation in a riot, civil commotion, civil disobedience, or unlawful assembly;
- ♦ Committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
- ♦ Participation in an organized contest of speed, parachuting, parasailing, bungee jumping, or hang-gliding;
- ♦ Air travel, except as fare-paying passenger on a commercial airline on regularly scheduled route, or as a passenger for transportation only and not as a pilot or crew member;
- ♦ Any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by law of the jurisdiction in which the accident occurred.);
- ♦ Any procedure or treatment to change physical characteristics to those of the opposite sex and other related to a sex change;
- ♦ The reversal of tubal-ligation and vasectomies;
- ♦ Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law;
- ♦ Any loss incurred while on active duty status in the armed forces (if the insured notifies Transamerica of such active duty, Transamerica will refund any premiums paid for any period for which no coverage is provided as a result of this exception);
- ♦ Accidents or sicknesses arising out of and in the course of any occupation for compensation, wage, or profit OR expenses which are payable under Occupational Disease law or similar law, whether or not application for such benefits has been made;
- ♦ Air or ground ambulance transportation (unless the Ambulance Benefit has been included);
- ♦ Routine eye examinations or fitting of eye glasses;
- ♦ Hearing aids or fitting of hearing aids;
- ♦ Dental examinations or dental care other than expenses resulting from an accident
- ♦ Care or treatment of an accident or sickness not specifically provided for in the plan
- ♦ Any surgical procedure not specifically listed in the Schedule of Surgical Benefits;
- ♦ With respect to the off-the-job Accidental Injury Benefit only, charges that the covered person is not legally required to pay, or charges which would not have been made if this coverage had not existed; or
- ♦ Treatment of an accident or sickness made necessary by or arising from war, declared war, or any act of war.