

SM



Fully Insured Limited Benefit Health Insurance For Individuals

A Lower Cost Alternative to Major Medical Insurance Available Through The American Consumer Services Association

- ✓ You control the cost... Choose the plan you need
- ✓ Guaranteed issue for all eligible association members*
- ✓ Pre-existing conditions are covered after 6 months
- ✓ No medical questions (except pregnancy) no physical examinations
- ✓ Freedom to use any licensed doctor or hospital, or use the PPO network
- ✓ No claim forms needed when the network is used
- ✓ First dollar coverage... Pays in addition to other private insurance
- ✓ No deductibles, no coinsurance, no copays for medical benefits
- ✓ Benefits may be assigned or paid directly to the member
- ✓ List billing available to all entities with 10 or more enrollees
- ✓ Employment not required
- ✓ 12-Month rate guarantee on medical benefits

*See Page 2, Frequently Asked Questions—Am I eligible for coverage?





UNIQUE

BasicPlus allows you, the member, to purchase the plan that is right for you. You pay for only the benefit plan you want.

AFFORDABLE

BasicPlus offers a variety of affordable monthly premiums. The cost is determined by the benefit plan you select.

INNOVATIVE

BasicPlus is a valuable, lower-cost alternative for those members that do not want to participate in the expensive one-size-fits-all approach to health insurance plans.

AVAILABLE

BasicPlus is available to all eligible members, including unemployed, part-time, seasonal and contract workers. You, the member, decide which benefit plan you want.

SIMPLE

BasicPlus is easy to enroll in and simple to use.

Frequently Asked Questions:

Am I eligible for coverage? Yes, all members of an approved association who are under age 70 are eligible provided they are not disabled*, or pregnant, or have not been confined in a hospital more than once in the 12 months preceding enrollment and are not scheduled for surgery or a hospital confinement at the time of enrollment; reside in the U.S., and are not in full-time military service. *Disabled means: confined to a hospital, convalescent facility, other residential treatment facility, or at home under a doctor's order; or unable because of injury or sickness to engage in the usual activities of a person who is the same age and gender.

Are my dependents eligible? Yes, if you are insured under the plan. Spouses (not legally separated or divorced) who are under age 70 and children, including stepchildren and adopted children, who are unmarried, dependent on you for support and under age 19 (23 if a full-time student) are eligible provided they meet the same requirements listed above.

How do I enroll? Once you have met the eligibility requirements above, complete an enrollment form.

Are there any medical questions or physical examinations required? We ask if the applicant or any of their dependants are pregnant. If that question should be answered "yes", you are not eligible. Physical exams are not required.

When is coverage effective? If you are eligible, coverage will be effective on the 1st of the month following our receipt of all your enrollment forms with full premium by the 20th of the month prior to the requested effective month

When does coverage terminate? Coverage will remain in effect until the first of the following occurs: you request cancellation; the end of the last period for which all required premium has been paid; the date membership ends; the date you reach age 70; the date the group policy terminates. Spouse and children's coverage terminates concurrently with yours, or earlier if they no longer qualify as a dependant, or you request termination of coverage.

How are premiums billed? Monthly premiums can be charged to a MasterCard or Visa credit or debit card or paid by automatic funds transfer. Monthly list billing is available to entities with 10 or more Member enrollees. All billings will include an administrative fee.

How are claims paid? All claims for all insured benefits are paid directly to the insured unless assigned. Claim forms are available from the Plan Administrator. Services and discounts for the Value-Added program are handled directly with the participating provider. There are no claim forms to file.

Are there any limitations on pre-existing conditions? A "pre-existing condition" is defined as any injury or sickness for which diagnosis has been made, treatment has been recommended, or has been rendered, or expenses have been incurred within 6 months prior to becoming covered under the plan. It includes any condition manifesting itself in symptoms, which would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment. Plan benefits are not payable for a "pre-existing condition" for the first 6 months following an insured's effective date.



Choose From Six Plans

Choose >>>>>>>	Plan 1A	Plan 1B	Plan 2A	Plan 2B	Plan 3A	Plan 3B
Inpatient Benefits						
Hospitalization - per day	\$500	\$500	\$700	\$700	\$1,000	\$1,000
Intensive Care - per day	\$1,000	\$1,000	\$1,400	\$1,400	\$2,000	\$2,000
Nursing Facility - per day	\$250	\$250	\$350	\$350	\$500	\$500
Alcohol / Drug Abuse - per day	\$250	\$250	\$350	\$350	\$500	\$500
Mental Illness - per day	\$250	\$250	\$350	\$350	\$500	\$500
Heart Attack / Stroke / Cancer - per day	\$1,000	\$1,000	\$1,400	\$1,400	\$2,000	\$2,000
Surgical Benefits - In / outpatient						
Surgery Schedule - per procedure	\$500	\$500	\$1,000	\$1,000	\$1,500	\$1,500
Anesthesia Schedule - per procedure	\$125	\$125	\$250	\$250	\$375	\$375
Outpatient Benefits						
Doctor's Office Visits - per visit	6 at \$40	6 at \$40	6 at \$50	6 at \$50	6 at \$60	6 at \$60
Neighborhood Clinic counts as doctor visit	\$20	\$20	\$25	\$25	\$30	\$30
Diagnostic Tests - per visit	3 at \$40	3 at \$40	3 at \$50	3 at \$50	3 at \$60	3 at \$60
Wellness Visits - per visit	N/A	N/A	1 at \$100	1 at \$100	1 at \$150	1 at \$150
Emergency Room - (sickness) per visit	N/A	N/A	2 at \$100	2 at \$100	2 at \$150	2 at \$150
Accident Benefit - up to per accident	\$500	\$500	\$500	\$500	\$1,000	\$1,000
Rx Outpatient Drug Card*	N/A	Included	N/A	Included	N/A	Included
Value-Added Benefits Program	Included	Included	Included	Included	Included	Included

* insured Rx card is not available in all states.

The Value-Added Benefits:

Beech Street Physician and Hospital Referral Plan —provides access to thousands of medical facilities and physicians nationwide at substantial discounts.

Discount Rx Card — access to quality Rx vendors nationwide at substantial savings compared to retail drug store prices. This plan is not provided if the insured outpatient Rx is elected.

The Value-Added Benefits are not insurance. Members will receive discounts on medical services when they go to certain providers who are contracted with the plan. Members are solely responsible for payment for all healthcare services provided under the Value-Added Benefits. No portion of any provider's fee will be reimbursed or otherwise paid by the plan.

All benefits, except the value added benefit program, are fully insured per covered person per calendar year. The administrative fee is not included in the premiums. The administrative fee must be added to each billing. See the benefit description on page 4.

Refer to the certificate for coverage limitations and exclusions. Association dues and fees are not included in the premiums. The association dues and fees must be added to each billing.



Benefits:

Hospitalization — *BasicPlus* pays the amount selected per day for up to 150 days per calendar year with a lifetime maximum of 500 days for all inpatient confinements.

Intensive Care — if included in the elected plan, *BasicPlus* pays double the daily hospital benefit for intensive care confinement while in the hospital, up to 30 days per calendar year, subject to the lifetime confinement maximum.

Nursing Facility — if included in the elected plan, *BasicPlus* pays 50% of the daily hospital benefit for care while confined in a convalescent facility, up to 60 days per calendar year following within 3 days of a hospitalization of at least 3 days, subject to the lifetime confinement maximum.

Alcohol / Drug Abuse — if included in the elected plan, *BasicPlus* pays 50% of the daily hospital benefit for treatment of alcohol or drug abuse while hospital confined, up to 30 days per calendar year, subject to the lifetime confinement maximum.

Mental Illness — if included in the elected plan, *BasicPlus* pays 50% of the daily hospital benefit for treatment of mental illness while hospital confined, up to 30 days per calendar year, subject to the lifetime confinement maximum.

Heart Attack / Stroke / Cancer — if included in the elected plan, *BasicPlus* pays double the daily hospital benefit for heart attack, stroke or cancer, up to 30 days per calendar year, subject to the lifetime confinement maximum.

Surgery — if included in the elected plan, *BasicPlus* pays a fixed amount per procedure in accordance with the selected schedule for surgery performed in a hospital or outpatient surgery facility, even if the billed amount is lower.

Anesthesia — if included in the elected plan, *BasicPlus* pays an amount equal to 25% of the surgery benefit paid.

Doctor's Office Visits — *BasicPlus* pays the amount selected per doctor's office visit for treatment of an injury or sickness, up to the number of visits selected per covered person per calendar year.

Neighborhood Clinic Visits — *BasicPlus* pays 50% of the amount selected for a doctor's office visit for treatment of an injury or sickness performed at a facility other than a doctor's office, staffed by a physician as defined by the policy. Counts as a doctor's office visit.

Diagnostic Testing or X-ray — if included in the elected plan, *BasicPlus* pays the amount selected per visit for medically necessary diagnostic testing and x-rays of injury or sickness performed in a doctor's office or outpatient facility, up to the number of visits selected per covered person per calendar year.

Wellness Visits (Preventive Care) for Adults and Children — if included in the elected plan, *BasicPlus* pays the amount selected per doctor's office visit for well care, up to the number of visits selected, per covered person, per calendar year. Well care includes physical examinations, assessments, and screenings.

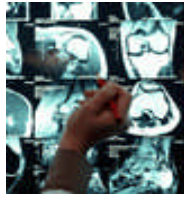
Emergency Room — if included in the elected plan, *BasicPlus* pays the amount selected for an emergency room visit due to sickness only when not confined to a hospital, up to the number of visits selected per covered person per calendar year.

Accident Benefit — if included in the elected plan, *BasicPlus* pays benefits for an accident claim, up to the amount selected, after all other benefits have been paid.

Optional Rx Drug Card — if included in the elected plan, *BasicPlus* pays benefits for outpatient Rx drugs as follows:

\$50 calendar year deductible per covered person plus \$15 max retail generic copay; greater of \$50 or 50% retail copay on brand name Rx

*Maximum Rx benefit: retail 30 days supply / \$250
Per covered person per month. Discount is available if benefits are exhausted. Note: this benefit is not available in all states (see page 5). There are limitations and exclusions refer to the Certificate for detailed information.*



BasicPlus is available to eligible association members in the states of: Alabama, Alaska, Arizona*, Arkansas*, Colorado, Delaware, District of Columbia, Florida*, Georgia*, Illinois*, Iowa*, Kansas, Kentucky, Louisiana*, Maine*, Massachusetts*, Michigan*, Mississippi, Missouri, Nebraska, Nevada*, New Hampshire*, New Mexico*, North Carolina*, North Dakota*, Ohio, Oklahoma*, Pennsylvania*, Rhode Island*, South Carolina, Tennessee*, Texas, Utah, Vermont*, Virginia, Wisconsin, and Wyoming.

*Insured Rx card is not available (Discount Card is issued)

BasicPlus is available to approved associations with members residing in multiple states provided the member's address is in a state where the program is available.

IMPORTANT— **BasicPlus** is not comprehensive major medical insurance. Policy forms are intended to comply fully with all applicable state insurance statutes and regulations. Because of differing state requirements, benefits, terms and conditions may vary by state from the description according to the approved association's location and/or the member's state of residence.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of coverage will be set forth in the group policy and adopted by each participating employer group. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference and refer to the Certificate of Insurance for additional specific details. Some provisions, benefits, exclusions or limitations listed herein may vary, depending on the approved association's location or a member's state of residence.

Marketed Locally BY:

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Agents must contact BasicPlus prior to marketing this plan.

Insurance benefits provided by: Companion Life Insurance Company

Companion Life Insurance Co. (www.CompanionLife.com) has specialized in employee benefits for more than 35 years. The company markets life, dental, disability, specialty accident and health insurance products in 45 states and the District of Columbia and holds an **A.M. Best rating of A+ (Superior)**

Administered by: TCC, Inc. / P.O. Box 22557 / Charleston, SC 29413 / 1-800-851-6268.

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