

What is Liberty STM?

You don't want to go without health insurance for even a short time. It's just too risky, considering the high cost of medical care these days. That's why HPA offers a very affordable Short-Term Major Medical insurance plan designed specifically for people and families needing temporary coverage from 30 days to 180 days. If you don't have health insurance, consider applying for The Competitor Liberty Short Term Medical (STM). It protects you and your family against the financial hardship of unexpected medical expenses.

How benefits are covered?

The benefit options for covered expenses are per insured person per coverage period.

First, you meet your deductible. Choose from four options: \$250, \$500, \$1,000 or \$2,000

Then Liberty STM pays 80% of the next \$10,000 of covered expenses

After this, Liberty STM pays 100% of covered expenses up to your lifetime maximum of \$1 million

What payment options are available?

There are two payment options available. If you choose the Single Payment option, you pay for your coverage up front. You can pay for 30, 60, 90, 120, 150 or 180 days of coverage. If you choose the Monthly Payment option, you pay for your coverage in monthly installments, up to 6 months. When you choose the Monthly Payment option, if your need for short term medical insurance ends before the 6 month period is over, you can stop the coverage by not making any more monthly payments. You can pay by credit card, auto bank withdrawal or check.

Is there a free look period?

Once you receive your certificate, carefully review all information. If you are not satisfied for any reason, return the certificate (within 10 days of receipt) with your written request for cancellation to HPA. Coverage will be cancelled as of the effective date and you'll receive a full refund (less the administration fee) — no questions asked.

Can I continue coverage?

Liberty STM is issued on a temporary need and terminates at the end of the period applied for. If the need for temporary health insurance continues, you may apply for another new STM* coverage period. Your application is subject to the eligibility and underwriting requirements. Furthermore the coverage is not continuous. Any condition that incurred expense during the last coverage period will be treated as a Pre-Existing Condition, and excluded under the next coverage period. Applicants over the age of 64 are not eligible to re-apply for coverage.

**Only if an STM Plan is available in your resident state at that time; plan benefits, premium and features may vary. Not available in UT.*

Is there coverage after termination?

If an Insured incurs medical expenses after the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues: 1.) When Hospital Confined on the Termination Date, not to exceed 90 days after the Termination Date; or 2.) When not Hospital Confined on the Termination Date, not to exceed 30 days after the Termination Date. The Insured Person must: a.) have met his or her Deductible during the Benefit Period; and b.) be being treated for complications of or follow-up treatment for an Injury or Sickness which commenced during the Benefit Period.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

About the Insurance Company

Liberty Short Term Major Medical, under Policy Series STP-01 is underwritten by The Chesapeake Life Insurance Company (a UICI Company). Founded in 1956, The Chesapeake Life Insurance Company has protected millions of insureds and earned an "A-Excellent" rating from A.M. Best Company (as of 10/22/2002).

About the Administrator

HPA, Inc. is a fully licensed, full service Third Party Administrator transacting business worldwide. HPA is a third generation company dating back to 1939. Industry leading services include: professional customer service, state-of-the-art billing and reporting.

This brochure provides general information about Liberty Short Term Major Medical Insurance Plan. It is not a contract. The complete terms, provisions and conditions of coverage are described in the Certificate issued by The Chesapeake Life Insurance Company and may vary by state.

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The Competitor

Liberty STM

Short Term Major Medical Insurance

THE IDEAL SOLUTION FOR

- People between jobs
- New employee waiting periods
- Part-time or temporary employees
- Dependent child coverage
- College students or new graduates

SPECIAL FEATURES

- Coverage for prescription drugs
- Freedom to choose any doctor or hospital
- Convenient payment options

Underwritten by: The Chesapeake Life Insurance Company, a UICI Company
Rated A- (Excellent) by A.M. Best Reports

Administered by: Health Plan Administrators, Inc., Rockford, IL
Marketed by:

What medical expenses are covered?

Services of licensed Physicians, Registered Nurses, Surgeons, Assistant Surgeon, and Anesthetist

Prescription drugs up to \$500 and injections

X-rays and laboratory tests

Ground ambulance service

Pre-admission testing

Hospital emergency room services

Hospital services including outpatient department or ambulatory surgical facility services

Hospital room and board and general nursing care while confined in a semi-private room

Intensive care

Chemotherapy and radiation therapy

Intensive, cardiac, burn or other specialized care unit

Physiotherapy

Braces and appliances

Detailed information about these and additional Covered Expenses is listed in the Policy. Not all covered expenses apply in every state, and additional expenses might be covered in your state. Consult the Policy for provisions in your state.

How do I apply?

To apply for Liberty STM insurance, simply:

- 1.) Complete and sign the attached application.
- 2.) Attach a check in the amount of the total premiums for the coverage you've selected (30, 60, 90, 120, 150 or 180 days). Monthly payment is available for up to 6 months. Just attach your check for 1 month premium and fees, and complete the monthly payment section on the Rate Calculation Sheet.
- 3.) Mail the completed application and payment to:

Health Plan Administrators, Inc.
P.O. Box 15250
Rockford, IL 61132-5250
www.hpa-inc.com
1-800-277-3323

Who is eligible to apply?

You and your spouse (to 64 years and 11 months) who are members of UCSA and your unmarried dependent children (between age 15 days to 19 or 23 if a full-time student) that live with you may apply for coverage. To be considered for coverage, proposed Insureds must not: a.) have other hospital, major medical, health, governmental, or medical insurance coverage in force that will not terminate prior to the Effective Date of the plan; b.) be pregnant or the expectant father of an unborn child on the Effective Date; c.) have been declined for insurance due to health reasons; or d.) have received consultation or treatment, within the past five years, for any conditions identified on the application.

When does my coverage start?

Your coverage begins at 12:01 a.m. (where you live) on the Policy date listed on the application or the day after the postmark date on your application envelope, whichever is later. If your envelope is not postmarked by the U.S. Postal Service or the postmark is illegible, your Policy date will be the later of the date you request or the date HPA, Inc. receives the application.

Is there a Pre-Existing Condition limitation?

Yes, Pre-Existing Conditions are not covered. A Pre-Existing Condition is defined as: 1.) the existence of symptoms within the 12 months immediately prior to the Insured's Effective Date or, 2.) any condition which originates, is diagnosed, treated, or recommended for treatment or for which medication was prescribed or recommended within the 12 months immediately prior to the Insured's Effective Date.

What is a usual and customary charge?

This plan provides benefits based on Usual and Customary Charges, defined as the lesser of: 1.) the actual charge; 2.) what the provider would accept for the same service or supply in the absence of insurance; or 3.) the reasonable charge as determined by the Company, based on factors such as: a.) the most common charge for the same or comparable service or supply in a community similar to where the service or supply is furnished; b.) charging protocols and billing practices generally accepted by the medical community or specialty; or c.) inflation trends by geographic region.

When does coverage terminate?

Coverage will terminate on the earlier of: 1.) the Benefit Period termination date; 2.) the last day of the period through which the plan cost is paid; 3.) the date the Insured Person attains age 65 or becomes Medicare eligible; or 4.) if a dependent child, the date on which his/her eligibility terminates.

What are the plan exclusions and limitations?

Unless specifically listed as a Covered Expense in the Policy (or as may be provided by an Amendment Rider), no benefits will be paid for loss or expense caused by, contributed to, or resulting from: • A Pre-Existing Condition, • Addiction and codependency; • Biofeedback; • Complications of any treatment or surgery for an excluded service or procedure; • Congenital conditions; circumcision; • Cosmetic procedures; • Custodial care or rehabilitation care service and supplies; • Dental treatment; • Elective surgery, treatment and abortion; • Expenses incurred outside of the United States, its possessions, territories or Canada; • Health services and supplies from or at a health spa or similar facility; • Hearing examinations, hearing aids, eye exams, glasses or contacts; • Hypnosis; patient controlled analgesia (PCA); • Immunizations services and supplies; • Injury caused by, contributed to, or resulting from the use of alcohol, intoxicants, hallucinogens, illegal drugs, or any drugs or medications that are not taken in the dosage or for the purpose prescribed by the Insured Person's Physician; • Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation; • Injury or Sickness to the extent that benefits are paid by Medicare or any other government law or program (except Medicaid); or medical coverage under any automobile insurance; • Lipetomy services and supplies related to surgical or suction-assisted lipectomy; • Mental and behavioral problems; • Normal pregnancy, maternity services or supplies; • Organ transplants; • Pain services; • Participation in a riot or civil disorder; commission of or attempt to commit a felony or fighting; • Prescription Drug Services – no benefits will be payable for: a.) Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; b.) Contraceptives; c.) Immunization agents, biological sera, blood or blood products administered on an outpatient basis; d.) Drugs labeled, Caution – limited by federal law to investigational uses or experimental drugs; e.) Products used for unapproved cosmetic indications; f.) Drugs used to treat or cure baldness, and anabolic steroids used for body building; g.) Anorexia – drugs used for the purpose of weight control; h.) Fertility agents or sexual enhancement drugs; i.) Growth hormones; or j.) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription; • Psychotherapy; • Rehabilitation services; • Reproductive/infertility services; • Research for examinations relating to research studies; • Routine Newborn infant care; • Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness, except as specifically provided in the Policy; • Services rendered or supplies purchased from your immediate family; • Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft (except while riding as a passenger on a regularly scheduled flight of a commercial airline); • Sleep disorders, supplies, treatment, or testing related to sleep disorders; • Suicide or attempted suicide while sane or insane; intentionally self-inflicted Injury; • Supplies, except as specifically provided in the Policy; • Surgical breast reduction, breast augmentation; • Taxes; provider administrative expenses; • Treatment in a Government hospital; • Treatment or removal or repair of tonsils or adenoids, except for a Medical Emergency; • Sclerotherapy for veins of the extremities; • Services, supplies or treatment of acne, acupuncture, allergy (including testing); Nasal, sinus surgery, deviated nasal septum, skeletal irregularities of jaws; • War or any act of war, declared or undeclared; or while in the armed forces of any country; • Weight management services; • Vision services and supplies.

Detailed information about these and other plan limitations and exclusions are listed in the Policy and may vary by state. **The Certificate issued under it, will be deemed amended to conform to the minimum requirements of the laws of the state in which coverage is issued.**