

Limited benefit medical insurance coverage for individuals and families.

Defined Solutions

- No medical questions
- Affordable monthly premium
- Easy online enrollment



The IHC Group is an insurance organization composed of Independence Holding Company (NYSE: IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop loss insurance solutions for over 25 years. For information about the IHC Group, visit www.ihcgroup.com.

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The world of health insurance can appear complex and intimidating. For some people, finding and qualifying for affordable health insurance can be a struggle.



Defined Solutions is different.

Why choose limited benefit medical?

- ✓ **The estimated number of Americans with no health insurance coverage is 45.7 million.**¹
A limited benefit plan can help defray health care costs and, with the wellness care benefit, encourage a more proactive approach to health care.
- ✓ **Almost 15 percent of Americans between the ages of 18 and 64 have been declined for individual major medical coverage due to illness or injury.**²
Defined Solutions is guaranteed issue, meaning that you cannot be turned down for coverage due to a pre-existing condition. If you are covered by a Defined Solutions plan, you also will have access to the Multiplan PPO network at no additional charge. Although you are free to choose any provider for medical services, if you choose one of the 500,000 Multiplan providers nationally you will receive a discounted rate for medical care.

¹ Center of Budget and Policy Priorities, Poverty and share of Americans without health insurance were higher in 2007 – and median income for working-age households was lower – than at bottom of last recession, 26 August 2008, available from <http://www.cbpp.org/8-26-08pov.htm>; Internet; accessed 10 December 2008

² AHIP, Individual Health Insurance 2006-2007: A comprehensive survey of premiums, availability and benefits, Table 7

Limited benefit medical may be the right choice for people who:

- Have been **denied coverage** by an individual major medical plan due to health or occupation
- Need a plan with **lower monthly premiums** that offers day-to-day health care benefits and access to provider discounts
- Would like a plan with **first-dollar benefits** to supplement a major medical plan with a higher deductible or coinsurance out-of-pocket

Defined Solutions limited benefit medical plans are:

- ✓ **Guaranteed issue** – No medical exams or health history investigation at enrollment
- ✓ **Valuable** – Coverage for everyday health care as well as for the unexpected hospital confinement or surgery
- ✓ **Affordable** – Choose one of three plans, all with defined benefits that keep premiums lower and stable
- ✓ **Portable** – Since coverage is not purchased through an employer, a change in employment will not impact your Defined Solutions plan

Limited benefit health insurance plans differ from comprehensive major medical insurance. With Defined Solutions your plan pays stated benefit amounts, such as \$75 for a doctor office visit or \$1,000 per day of hospital confinement. Provider charges in excess of the stated amounts are your responsibility. However, Defined Solutions gives you access to provider discounts through the MultiPlan PPO network.

While you have the flexibility to choose any provider, the discounts available through MultiPlan network providers help to lower your out-of-pocket costs. MultiPlan is one of the country's largest independent PPO networks with more than 500,000 providers in 50 states. These providers have agreed to negotiated discounts, which are reflected in your final bill.

Using the MultiPlan network is simple!

1. Present your Defined Solutions ID card to your provider at the time of your service.
2. The provider will electronically send the billing information to MultiPlan.
3. You will receive an explanation of benefits (EOB) that will show you:
 - The amount charged by the provider
 - The MultiPlan network discount if you visited a network provider
 - The amount paid by your Defined Solutions plan
 - The amount you owe the provider

You can get a list of participating providers by visiting the MultiPlan Web site at www.multiplan.com or by calling MultiPlan's customer service department at 888-342-7427.



A limited benefit insurance plan may not be right for everyone. Plan premiums are affordable because of the limited nature of each benefit. It is very important that you review the benefit information closely to determine if one of these plans may be right for you.

Covered services

Benefit amount

All listed benefits are for each covered person per calendar year.	DS 500	DS 750	DS 1000
<p>Physician office visit When you visit a licensed physician, Defined Solutions will pay the selected plan's maximum benefit amount per visit. The benefit is available up to the selected plan's maximum number of visits per calendar year.</p>	\$50 per visit Maximum of 2 visits	\$60 per visit Maximum of 4 visits	\$75 per visit Maximum of 5 visits
<p>Wellness Covers routine physicals and related services. Defined Solutions will pay the selected plan's maximum benefit amount for one visit per calendar year.</p>	\$50 per calendar year	\$100 per calendar year	\$150 per calendar year
<p>Outpatient diagnostic testing and lab When a diagnostic service, including but not limited to an X-ray, magnetic resonance imaging (MRI), blood tests or lab work, is performed as the result of a covered accident or sickness, Defined Solutions will pay the selected plan's benefit amount per visit, subject to the calendar year maximum.</p>	\$50 per visit Maximum of 2 visits	\$75 per visit Maximum of 3 visits	\$100 per visit Maximum of 3 visits
<p>Emergency room If a covered accident or sickness requires immediate medical care at an emergency room, DS 750 and DS 1000 will pay the selected plan's benefit amount subject to the maximum number of visits per calendar year. Treatment must be performed within 72 hours of the accident.</p>	No benefit	\$75 per visit Maximum of 2 visits	\$100 per visit Maximum of 2 visits

Covered services

Benefit amount

	DS 500	DS 750	DS 1000
Inpatient hospital confinement, skilled nursing and inpatient mental health Charges for inpatient hospital confinement due to a sickness or injury, skilled nursing care and inpatient confinement due to a mental or nervous condition are all subject to a combined calendar year maximum of 30 days.			
Inpatient hospital confinement Defined Solutions will pay the selected plan's benefit amount for each day a covered person is confined to the hospital due to a covered accident or sickness up to the combined inpatient maximum of 30 days.	\$500 per day Combined maximum of 30 days	\$750 per day Combined maximum of 30 days	\$1,000 per day Combined maximum of 30 days
Skilled nursing When skilled nursing care is required after a hospital stay of at least 3 days, Defined Solutions will pay the selected plan's benefit amount per day up to maximum of 10 days per calendar year, subject to the combined maximum of 30 days.	\$250 per day Maximum of 10 days, subject to the combined maximum of 30 days	\$375 per day Maximum of 10 days, subject to the combined maximum of 30 days	\$500 per day Maximum of 10 days, subject to the combined maximum of 30 days
Inpatient mental health If confined to a hospital or licensed institute for treatment of a covered mental illness, Defined Solutions will pay the selected plan's benefit per day up to the combined calendar year maximum of 30 days. This benefit replaces the inpatient hospital confinement benefit.	\$250 per day Combined maximum of 30 days	\$375 per day Combined maximum of 30 days	\$500 per day Combined maximum of 30 days
Surgery If surgery is required due to a covered accident or sickness, Defined Solutions will pay the amount specified for one inpatient surgery and one outpatient surgery per calendar year.	\$500 Inpatient \$250 Outpatient	\$1,000 Inpatient \$500 Outpatient	\$1,500 Inpatient \$750 Outpatient
Anesthesia When anesthesia is administered as part of a covered surgical procedure, Defined Solutions will pay a benefit equal to 25% of the amount paid by the plan for the related surgery. The anesthesia benefit is limited to one inpatient surgery and one outpatient surgery per calendar year per covered person.	25% of the surgery benefit	25% of the surgery benefit	25% of the surgery benefit
Generic prescription drugs The DS 750 and DS 1000 plans provide coverage for generic prescriptions after the copay, subject to the selected plan's benefit maximums.	No benefit	\$15 copay per generic prescription Maximum of \$100 per month	\$10 copay per generic prescription Maximum of \$200 per month

PPO network discounts

Defined Solutions offers access to network discounts for services performed by a participating MultiPlan PPO network provider. For example, a doctor office visit may result in a provider bill of \$110. With the DS 750 plan, you would receive \$60 for the office visit, leaving you with a \$50 balance. However, if you had visited a MultiPlan network provider, the total provider bill may have been reduced by 20% or more, leaving you with just \$28 out-of-pocket. The amount of the network discounts may vary by service or provider and certain timeframes for payment to the provider are required.

Having health insurance makes a difference in the toll medical bills take on a person's finances. Uninsured adults are more than twice as likely as the insured to have used up all or most of their savings to pay medical bills. One quarter of uninsured adults report that at some point in the past five years they spent less on basic needs, such as food and housing in order to pay medical bills. SOURCE: Kaiser Family Foundation, "Economic Problems Facing Families," (#7773 April 2008).

Are you prepared to pay for day-to-day health care needs?

Review the following commonly asked questions to see if Defined Solutions should be *your* solution.

Do I need to answer medical questions or go through an in-depth health history investigation?

No medical questions, exams or records are required for enrollment. Since the Defined Solutions plans are guaranteed issue, your application and premium payment are all that is needed to begin coverage.

Are pre-existing conditions covered?

Pre-existing conditions are covered after the insured person has been continuously insured under the policy for 12 consecutive months. This pre-existing limitation does not apply to the generic prescription drug benefit available with the DS 750 and DS 1000 plans. See the following page for full details about the pre-existing condition definition and limitations.

If I purchase Defined Solutions to supplement my high-deductible major medical plan, how will benefits be coordinated?

Your Defined Solutions plan will pay the maximum benefit amount regardless of whether or not payment was made by another medical insurance plan. If you currently have a qualified high-deductible health plan or a health savings account, you should check with your tax adviser before purchasing this plan.

Is there a waiting period before I am able to use the wellness benefits?

Wellness benefits are available from day one. There is no waiting period before the wellness calendar year benefit can be accessed.

Can I pay premiums with a credit or debit card?

Yes, automatic monthly premium payments can be made through a credit card, debit card or bank draft.

Are there copay or deductible amounts that I will need to pay before the benefit is paid?

With the exception of generic drugs, benefits are "first-dollar," which means that you will not be required to pay a copay or deductible prior to receiving benefits under this plan.

How do I pay for medical services or file a claim?

At the time of a visit, present your ID card to the provider. The back of your ID card has all the information your provider needs to verify benefits and file claims. Your provider may require the full amount due at the time of service if you are filing your own claim. There are no claim forms necessary. You or your provider should simply send an itemized statement, detailing your medical visit, to the claims address printed on the back of your ID card.

Important information

Pre-existing conditions

All benefits, excluding wellness and generic prescription drugs, are subject to a pre-existing condition limitation. A pre-existing condition is a disease, accident, sickness or physical condition for which a covered person received treatment, incurred an expense, took medication or received a diagnosis or advice from a physician during the 12 months prior to the effective date of the covered person's coverage. The term pre-existing condition will also include conditions which are related to such disease, accident, sickness or physical condition. **No coverage is available for a pre-existing condition until coverage under this policy has been in effect for more than 12 months.**

Communicating for America, Inc.

Defined Solutions is a group association plan available to members of Communicating for America, Inc. (CA). CA is a non-profit association founded in 1972 with headquarters located in Fergus Falls, MN. CA has evolved into one of the largest and most respected associations in the country, with members in communities of all sizes. Along with a legislative voice on important issues in Washington, D.C., CA provides high-quality, valuable member benefits. CA is not compensated by Companion Life Insurance Company for its endorsement.

Eligibility

Defined Solutions limited benefit medical plans are available to members of Communicating for America, Inc. between the ages of 18 and 69. Eligible dependents include a spouse under age 70 and unmarried natural children, step-children, legally adopted children or children placed into your custody for adoption who are under the age of 21, or 23 if a full-time student.

Terms and conditions of coverage

Coverage remains in effect as long as you pay the required premium charges on time and maintain membership eligibility. Coverage will be terminated if you become ineligible due to any of the following circumstances:

- Non-payment of premiums;
- Association membership is terminated; or
- You turn age 70.

Coverage for a dependent will be terminated if the dependent become ineligible due to any of the following circumstances:

- The primary insured terminates coverage;
- Non-payment of premiums; or
- The dependent no longer meets the definition of dependent as defined by the certificate.

The company shall have the right to terminate the coverage of any covered person who submits a fraudulent claim under this policy.

Exclusions and limitations

No benefits will be payable as the result of:

- A pre-existing condition, except as described below;
- Suicide or any attempt thereat, while sane;
- Any intentionally self-inflicted injury or sickness;
- Participation in a riot or unlawful assembly;
- War, or act of war;
- Committing or attempting to commit a felony or assault, or engaging in an illegal occupation;
- Rest care or rehabilitative care and treatment;
- Cosmetic surgery, care or treatment solely for cosmetic purposes or any complications resulting from a cosmetic procedure;
- Immunization shots and routine examinations;
- Routine newborn care, including nursery charges;
- Normal pregnancy, except for complications or pregnancy;
- Voluntary abortion, sex changes, infertility treatment or reversal of sterilization;
- Participation in a contest of speed in power-driven vehicles, parachuting, parasailing, bungee jumping or hang gliding;
- Air travel, except as a fare-paying passenger on a commercial airline;
- Any accident occurring as a result of being intoxicated;
- Experimental treatments or surgery;
- Treatment for exogenous obesity or weight control;
- Accident or sickness arising out of and in the course of any occupation for compensation, wage or profit;
- Air or ground ambulance service;
- Visits made, examinations given or X-rays or laboratory tests performed as an in-patient while confined to a hospital;
- Routine eye examinations or fitting of glasses;
- Fitting of hearing aids; or
- Dental examinations or dental care other than expenses resulting from accidental injury.

See policy for complete listing of exclusions.

Benefits are provided under group insurance policy issued to Communicating for America, Inc. underwritten by Companion Life Insurance Company, Columbia, SC under policy form number MMP 2250. Coverage is subject to the company's underwriting guidelines, exclusions, limitations, terms and conditions of coverage as set forth in the insurance policy and certificate.

This insurance is not basic health insurance or major medical insurance coverage and is not designed as a substitute for basic health insurance or major medical coverage. In some circumstances, benefits provided will vary as required by state law and the plan may not be available in all states. The insurer has the right to increase premium rates and has the option to cancel coverage.

Defined Solutions plans are offered through Communicating for America, Inc. and require membership in the association. The monthly association dues along with your insurance premium will be included in the amount you pay each month.

