

Coverage Termination

Coverage will terminate on the earliest of the following: premium is not paid when due; you enter full-time active duty in the Armed Forces; you become eligible for Medicare; you cease to be a member of the Association; the Group Master Policy terminates; the coverage period expires; United Wisconsin Life Insurance Company (UWLIC) determines fraud or misrepresentation has been made in applying for coverage or in claims submission; a dependent ceases to be eligible.

Coordination of Benefits

Benefits may be reduced if you have other health-care coverage so that the total paid does not exceed the allowable expenses.

Extension of Coverage After Termination

If a member, or insured dependent, is receiving benefits for a hospital confinement on the date that the Group Policy or his/her coverage terminates, benefits will continue in accordance with the terms of the Group Policy for as long as that confinement remains continuous and the member or insured dependent is totally disabled by reason of such injury or sickness. However, in no event will coverage continue beyond the end of 90 days following the date the Group Policy or his/her coverage terminates. Benefits payable after the coverage period in which insurance under the Group Policy terminates are subject to a new deductible amount and satisfaction of coinsurance limit.

About the Insurance Company

UWLIC is rated A-(Excellent) by A.M. Best, independent analysts of the insurance industry. This rating, released May 1, 2003, is based on financial and operating performance.

About the Administrator

HPA 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, prompt claims payment, state-of-the-art billing and reporting.

About the Marketer

American Medical Security, Inc. (AMS) markets health benefit solutions for small businesses, individuals, and families. AMS markets and distributes products in 32 states and the District of Columbia through independent insurance agents.

This brochure provides only a brief description of the benefits, exclusions, and other provisions of the Master Policy (STP 1000). This brochure is not a contract of insurance. To the extent any information in this brochure is inconsistent with the Master Policy, the terms of the Master Policy will control. Because the Master Policy is issued and delivered in the District of Columbia, laws of other states may not apply in all instances. Benefits may vary in different states.

Coverage is not available in all states. Please contact HPA for the most up-to-date information: (800) 397-5800.

Limitations and Exclusions

Benefits are not paid for services that are not medically necessary. In addition, benefits are limited or excluded for the following:

- Abortion
- Addiction
- Breast reduction or enlargement
- Complications of excluded services or procedures
- Cosmetic, reconstructive, or plastic surgery*
- Custodial care
- Dental care
- Eating disorder
- Eyeglasses, contact lenses, and the charges to prescribe or fit them
- Expenses not covered under the policy
- Treatment by family member
- Foot care
- Any type of care received outside the United States
- Free services
- Gender change or modification
- Growth disorders
- Hearing aids or surgery
- Human organ, bone marrow, and tissue transplants*
- Total or partial hysterectomy in first six months of coverage
- Expenses incurred as a result of participation in illegal activities
- Expenses incurred as a result of using illegal narcotics, alcohol, or non-prescribed controlled substances
- Infertility treatment
- Treatment that is investigational, experimental, and/or for research
- Learning disabilities (ADD or hyperactivity)
- Outpatient medication
- Mental or nervous disorders*
- Non-medical expenses
- Normal pregnancy and childbirth
- Expenses incurred as a result of participation in sporting event for compensation
- Pre-existing conditions
- Preventive services
- Sterilization or reversal of sterilizations
- Expenses incurred as a result of self-harm
- Manual or mechanical adjustment or manipulations*
- Sleep disorders
- Substance abuse
- Expenses incurred as a result of participation in rodeo contest, sky diving, scuba diving, hang or ultra-light gliding, racing with boats, aircraft, motorcycles, or all-terrain vehicles
- Supplies of a common household use
- Temporomandibular joint disorder(TMJ)
- Myringotomy, tympanotomy, herniorrhaphy, tonsils or adenoids or any sinus surgery performed in the first six months of coverage*
- Travel or lodging expenses
- Radial keratotomy, keratomileusis, excimer laser photo refractive keratectomy, and treatment of eye refraction defects or to improve visual acuity
- Expenses incurred as a result of war or riot
- Weight control expenses
- Well-baby care
- Expenses covered by worker's compensation.

*Except as specifically provided.

Insurance Products

Marketed by:  American Medical Security

Insured by:  United Wisconsin Life Insurance Company™

Administered by:  HPA

Short-Term Medical Insurance Plan

- Part-time and temporary employees.
- Students and graduates.
- Employees waiting for group coverage or wanting a COBRA alternative.
- Unemployed individuals.
- Anyone without medical coverage for any reason.

This is a group insurance plan available to members of the U.S. Benefits Association.



Don't Go Without Medical Insurance

With the high cost of health care, you won't want to be without medical insurance, even for a brief period. The short-term plan is flexible and helps satisfy your insurance needs. Choose from a minimum of 30 days to a coverage period maximum of 6 or 12 months. Product availability and coverage period maximum vary by state.

Getting the Coverage You Need

If you are between the ages of 18 and 59, can answer "no" to the medical history questions on the application for insurance, and are a member of U.S. Benefits Association, you are eligible to apply for the short-term insurance plan. Submit the completed applications and required premium to Health Plan Administrators Inc. (HPA).

Effective Date of Coverage

The earliest date the coverage can begin is the day following the U.S. postmark stamp (not a meter stamp) on the envelope. If an envelope is not included, the effective date would then be the date the application was received by HPA. You can request a later effective date, but no more than 60 days after the application date. All coverage is subject to approval of your application and payment of the premium.

Coverage Eligibility

This coverage is made available to members of the U.S. Benefits Association and their spouses (through age 59) and unmarried dependent children under the age of 19 (to age 25 if a full-time student at an accredited school, college, or university). Child-only coverage is available for ages 2-18.

Renewability

Coverage is not renewable and is not intended to be a permanent plan.

Pre-existing Condition

A pre-existing condition is any condition or complication that required medical treatment, advice, consultation, expense, or produced symptoms during the 36 months immediately prior to the effective date of insurance. Pre-existing conditions are not covered.

Reasonable and Customary Charges

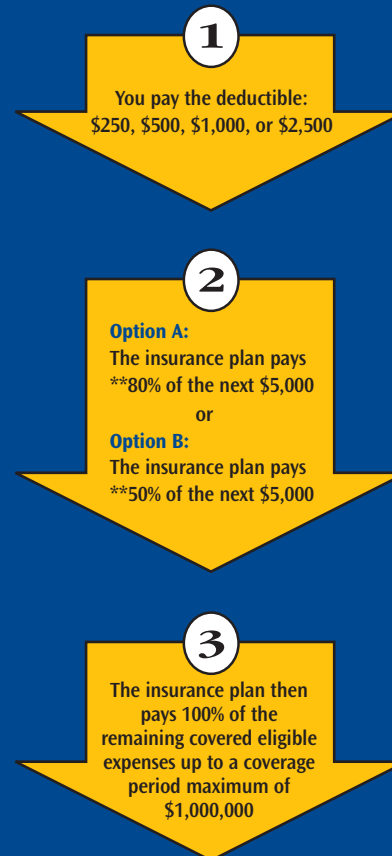
Reasonable and customary charges reflect the usual fee charged by physicians or providers of services, medicines, or supplies for similar services within a geographic area. The term "area" as it would apply to any particular service, medicine, or supply, means a county or such greater area as is necessary to obtain a representative cross section of level charges.

- Coverage from 30 days to 6 or 12* months.
- Pay premiums monthly or by coverage period.
- Choose your doctor and hospital.
- \$1,000,000 coverage period maximum per insured.

* Coverage period maximum varies by state.

Short-Term Plan How It Works.

When you incur medical expenses covered under the policy, benefits are based on deductible choice and plan option selected.



** Coinsurance benefits for mental, nervous, alcohol, and drug disorders are paid at 50%.

Covered Medical Expenses

- Hospital charges – medical care treatment.
- Ambulatory surgical center charges.
- Physician services for diagnosis, treatment, and surgery.
- Intensive care – three times the average semiprivate room rate.
- Skilled nursing facility – \$30 per day for 30 days.
- Private duty nursing – \$75 per eight-hour shift.
- Maximum 90 shifts per coverage period.
- X-ray exams, laboratory tests and analyses.
- X-ray and radioactive isotope therapy.
- Anesthesia, oxygen, casts, splints, crutches, braces, surgical dressings, artificial limbs or eyes, rental of necessary medical supplies.
- Blood or blood derivatives and their administration.
- Ambulance services – \$250 per emergency.
- Organ transplants – coverage period maximum of \$50,000.
- Spinal manipulation or adjustment – coverage period maximum of \$1,000.
- Mental and nervous disorders as a bed patient – coverage period maximum of \$5,000*.
- Mental and nervous disorders as outpatient at a maximum of \$30 per day up to 30 visits – coverage period maximum of \$5,000*.
- Alcohol and drug disorders – coverage period maximum of \$1,000*.
- Acquired Immune Deficiency Syndrome (AIDS) – coverage period maximum of \$10,000.
- Home health care – 40 visits maximum.
- Mammography and Pap smear.

*Benefits for mental, nervous, alcohol, and drug disorders are paid at 50%. The benefit amount shown is the maximum benefit per insured person.

Pre-Admission Certification

This insurance plan requires a pre-admission certification prior to inpatient hospitalization or surgery of a member or insured dependent. If you fail to pre-certify, benefits will be reduced.