

Gap 360

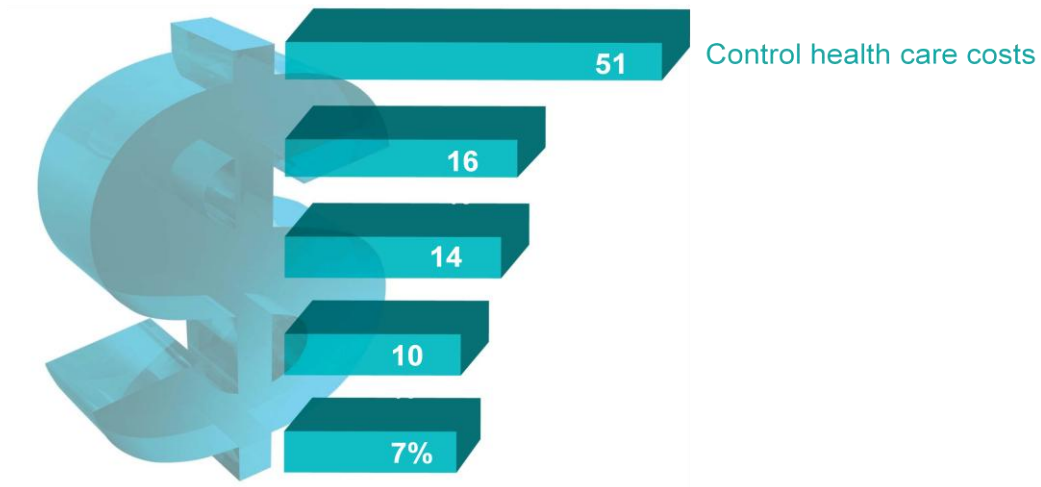
“Accelerating Healthcare Consumerism”

“Transforming Medical Premiums into Employee Equity”



It's Hurting The American Economy

- Employers' number-one priority is to control health care costs



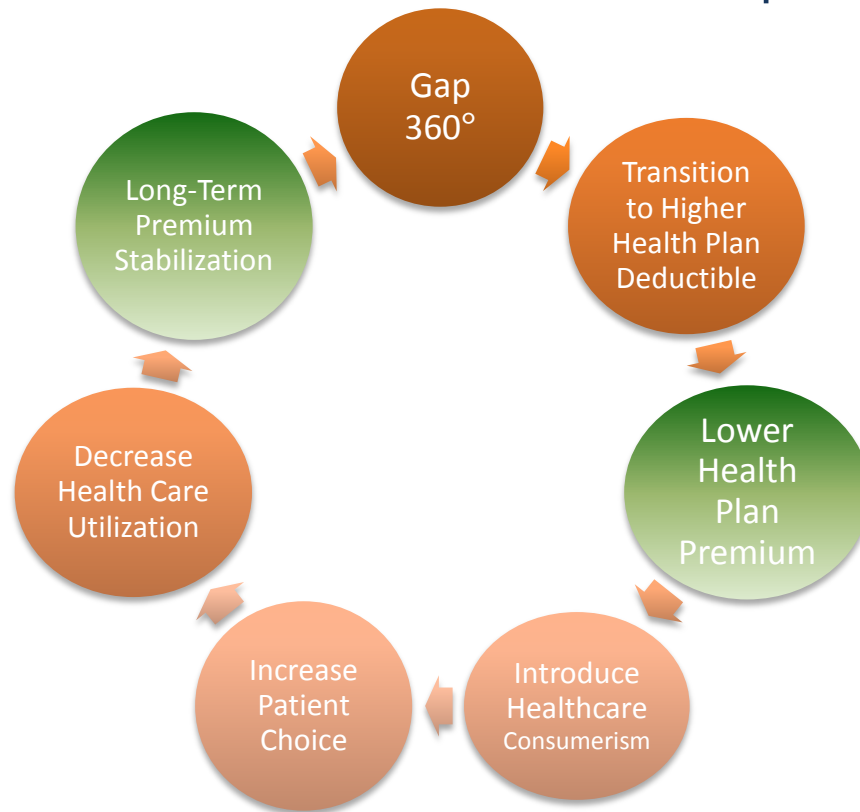
BRT Fourth Quarter December 2006 CEO Economic Outlook Survey

Gap 360° Compliments a Health Plan Cost Control Strategy

- ▶ Provider access, Plan simplicity, transparency and guidance
- ▶ Consumer patients are engaged - pursue healthy lifestyles
- ▶ Employee Behavior Centric - Cost and Quality Choices
- ▶ Employers plan, budget, know health plan and financing choices



Accelerate the Health Care Transition Cycle to Control Health Care Costs with Gap 360°

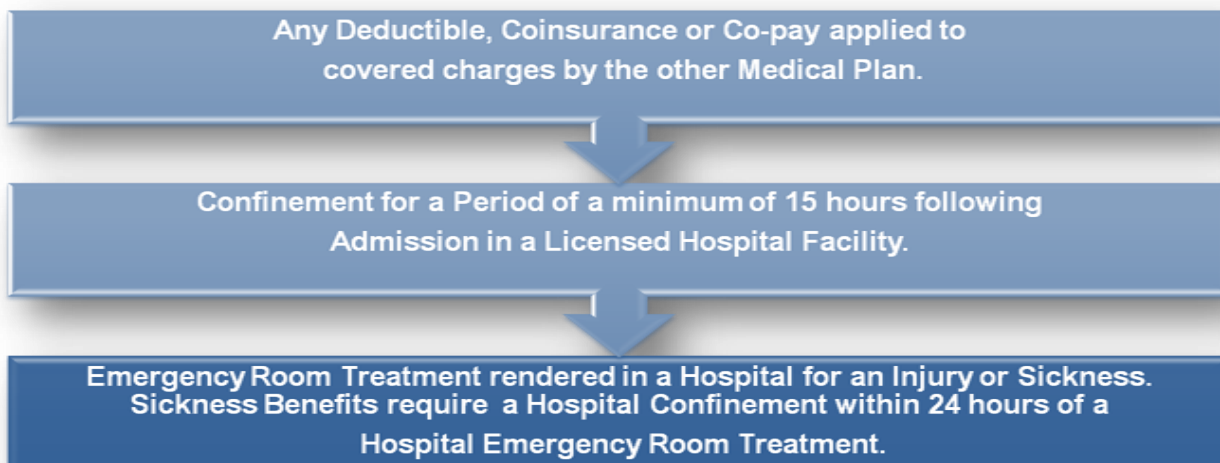


30 Employees - Example					
Deductible	\$ 500	\$ 1,000	\$ 1,500	\$ 2,000	\$ 5,000
Annual Premium	\$ 256,296	\$ 223,068	\$ 191,856	\$ 176,280	\$ 133,920
Annual GAP Premium*	\$ -	\$ 15,756	\$ 20,460	\$ 24,660	\$ 45,612
Annual Premium Savings/ Equity		\$ 17,472	\$ 43,980	\$ 55,356	\$ 76,764
* Assumes Gap Plan Benefit Equal to Deductible					
5 Year Trend Cost @ 10 % Annual Increase	\$,721,184	\$ 1,498,038	\$ 1,288,430	\$ 1,183,828	\$ 899,354
5 Year Trend Savings		\$ 223,145	\$ 432,753	\$ 537,355	\$ 821,829

Basic Product Features

- Expenses must be covered by the insured's comprehensive medical plan to be covered under this product.
- Provides first dollar coverage for eligible out-of-pocket expenses related to the insured's comprehensive medical plan's co-insurance, co-pays and deductibles up to the maximum benefit selected.
- Includes a range of benefit maximums available to allow plan designs that correspond with the insured's comprehensive medical plan out-of-pocket expenses.
- Basic product benefits pay for in-hospital charges only, including emergency room treatment for an injury or sickness. Optional outpatient, physician office visits and wellness benefits may be added via rider.
- Uses primary medical plan's EOB (explanation of benefits) as a basis for determining what is covered.

In-Hospital Basic Coverage



Pays up to a selected maximum benefit per person per calendar year for hospital confinement due to an Injury or Sickness that begins after the Effective Date if the Insured Person's Major Medical/Comprehensive Policy covers the expenses. Benefits are limited to the deductible, copayment and coinsurance amounts the insured is required to under their Major Medical/Comprehensive Policy.

If the Insured Employee/Spouse's Major Medical/Comprehensive Policy covers Pregnancy, benefits will be payable for pregnancy.



Benefits are also payable for hospital emergency room treatment for Injury and Sickness. Benefits for emergency room treatment due to Sickness require that the Sickness result in Hospital Confinement within 24 hours of the Hospital emergency room treatment.

The In Hospital Benefit calendar year maximums available are \$500, \$750, \$1000, \$1250, \$1500, \$1750, \$2000, \$2500, \$3000, \$3500,

\$4000, \$5000, \$6000, \$7000, \$8000 and \$10,000 per person.

Note: If a hospital confinement spans two calendar years, the way deductibles and/or out-of pockets are handled by the major medical carrier will determine whether one or two calendar year maximums apply to the benefits payable.

OPTIONAL BENEFIT RIDERS

Outpatient Benefit Rider II

Pays up to the maximum benefit amount selected for outpatient treatment of Injury or Sickness. Outpatient benefits include treatment under the regular care and attendance of a physician at a hospital, physician's office, outpatient surgical or emergency facility or a diagnostic testing facility or similar facility that is licensed to provide outpatient treatment. The maximum benefit amount available per person for plan selection is limited to 50% of the inpatient benefit selected per person. The Rider pays in addition to the base policy.

Per Person/Per Calendar Year Benefit Maximums: \$500, \$750, \$1000, \$1250, \$1500, \$1750, \$2000, \$2250 or \$2500.

**Per Family/Per Calendar Year Maximum:
2 times the Per Person Calendar Year Maximum**



The Company will pay the benefits for a Covered Charges incurred by a Covered Person if such Covered Charges are:

Rendered in a hospital emergency room for sickness when the Covered Person is not subsequently considered inpatient.

Treatment or Services rendered in a Physician's Office

Other outpatient services in a licensed facility required to provide outpatient medical treatment.

Physician Benefit Rider

Pays benefits for Physicians' services for treatment of Injury or Sickness if services are rendered in a physician's office, hospital, emergency or outpatient facility. The employer may elect a benefit that pays up to either \$15 or \$20 per visit. Depending on the per visit benefit maximum selected, benefits will not exceed either: (a) \$15 per visit up to the lesser cost of \$120 or 8 visits per family, per calendar year; or (b) \$20 per visit up to the lesser cost of \$240 or 12 visits per family, per calendar year. The Rider pays in addition to the base policy.

Note: Benefits for outpatient treatment performed in a physician's office may be payable under both the Outpatient Benefit Rider and Physician Benefit Rider. The intent of the Outpatient Benefit Rider is to cover treatment, supplies and other non-physician related outpatient charges, while the Physician Benefit Rider covers the physician's services (office visit). It has been determined that the term "similar facility" in the Outpatient Benefit Rider can include a physician's office. Therefore, it is possible to pay benefits for outpatient treatment under both riders.

Wellness Benefit Rider

Pays benefits for routine health or check-up exams, and charges incurred in relation to the exams, and routine well-child visits. Wellness benefits include services performed at a laboratory or diagnostic testing facility. The maximum benefit amounts available are \$100, \$200 and \$500 per family, per calendar year.

The benefits available under all of the optional riders are limited to the difference between the benefit paid by the Insured Person's Major Medical/Comprehensive Policy and the actual Expenses Incurred, including out-of-pocket expenses such as deductibles and coinsurance.

The benefits available under the optional riders use “Expenses Incurred” language in relation to the charges for benefits. Expenses Incurred means the charge made for a service or supply and given to the Insured Person due Injury or Sickness must be Medically Necessary for the condition being treated. The expense or charge is deemed to be incurred on the date the service or supply is given or obtained.

ELIGIBILITY

All active full-time employees working at least 20 hours or more per week and engaged in an eligible occupation, their lawful spouse, and their unmarried, dependent children who are under 19 years of age (24 if a full-time student.) Dependent eligibility may vary by state. Additionally, in order to be eligible, each person must be covered under a group Major Medical/ Comprehensive Medical plan that includes coinsurance and deductible.

EFFECTIVE DATE

The effective date of an employee’s coverage will be the first day of the month following approval of an eligible person’s enrollment form, provided he: (a) is not confined at home or in a Hospital or medical institution; (b) is engaged in his Regular and Customary Activities; and (c) has met the eligibility requirements of, and is covered under, a group major medical/comprehensive medical plan.

If the eligible person is not engaged in his Regular and Customary Activities on the day coverage would otherwise begin, it will begin on the first day of the month following the day he is physically able to engage in his Regular and Customary Activities.

The effective date of coverage for an eligible Dependent will be on the first day of the month following the Company’s acceptance of the enrollment form, however if the employee’s coverage has not yet become effective, the effective date for Dependent coverage will be the same as the effective date of the employee’s coverage.

Newborn children, adopted children or children placed for adoption will be covered on their date of birth, adoption or placement for adoption for a period of 31 days, as long as the employee’s coverage was in force on that date. If, during this 31 days, the insured employee notifies the Company in writing and pays any premium that may be due, coverage will continue. If notification and premium payment is not received within the first 31 days after birth, adoption, or placement for adoption, evidence of insurability will be required and the Pre-Existing Condition Limitation, if any, will apply.

In all other instances, if a Dependent is unable to engage in his Regular and Customary Activities when coverage would otherwise become effective, the coverage for that dependent will be deferred until the first of the month following the date his inability to engage in his Regular and Customary Activities ceases.

Late Enrollees

If an eligible employee does not apply for coverage on their initial eligibility date, they may not apply for coverage until the next policy anniversary date, unless: (a) they are allowed to enroll in, or change their enrollment in the employer's Major Medical/Comprehensive Policy because they qualify as a Special Enrollee as defined by law; or (b) they are allowed to enroll in the employer's Major Medical/Comprehensive Policy during an employer sponsored period of open enrollment.

TERMINATION OF COVERAGE

Coverage terminates on the earliest date any of the following events occur:

- For any Insured Person: (a) on the date the policy is terminated; (b) as of the premium due date when the required premium remains unpaid, subject to the grace period; (c) on the premium due date following the date the Insured ceases to be an employee of the policyholder; or (d) on the premium due date following the date the Insured's coverage under a group Major Medical/Comprehensive Policy is no longer in effect.
- For an Insured dependent spouse: on the premium due date following the date the spouse ceases to be an eligible spouse.
- For Insured dependent children: on the premium due date following the date the child ceases to be an eligible child.

DEFINITIONS

Hospital means a legally authorized and operated institution for the care and treatment of sick and injured persons. It must have graduate registered nurses (RN's) on 24 hour call and organized facilities for diagnosis and surgery either on its premises or in facilities available to it on a contractual prearranged basis. The following does not qualify as a Hospital: an institution, or part of it, which is used mainly as a facility for rest, nursing care, convalescent care, care of the aged, or for remedial education or training.

Hospital Confinement means the Insured Person is admitted to the facility as an overnight bed patient for a minimum of 15 consecutive hours.

Insured Person means either an Insured or an Insured Dependent. An Insured is an employee of the policyholder whose coverage under the policy has become effective and has not been terminated.

Insured Dependent means any of the following:

the lawful spouse of an Insured whose coverage under the policy has become effective and has not terminated; and

the unmarried dependent child or children of an Insured or of an Insured's spouse who are under 19 years of age (24 if a full-time student) and whose coverage under the policy has become effective and has not been terminated. Dependent children include stepchildren, legally adopted, and foster children. (Dependent child definition may vary by state.)

Major Medical/Comprehensive Policy means any one of the following types of policies or plans which provide benefits for Hospital Confinement for an Insured Person on his or her effective date of coverage, and such policy or plan requires the Insured Person to pay a deductible and/or portion of coinsurance: group or blanket insurance plans; group Blue Cross, Blue Shield or other group prepayment coverage plans; coverage under labor-management trusteed plans; union welfare plans; employer organizational plans; employee benefit organizational plans, or other arrangements of benefits for persons of a group. "Major Medical/Comprehensive Policy" does not include Medicare or Medicaid.

Limitations

Pre-Existing Condition Limitation

This product does not have a pre-existing condition limitation, however, a condition must be covered under the insured's major medical or comprehensive medical plan in order for benefits to be payable under this plan. Therefore, any pre-existing condition limitation applied to the major medical or comprehensive medical plan would, in effect, limit coverage under this plan.

Pregnancy

Pregnancy is covered same as any other illness for insured employees and their insured spouses, but pregnancy (except for Complications of Pregnancy) is not covered for dependent children, unless required by state.

Subrogation

There is no subrogation provision in the Policy/Certificate. Any settlement due an Insured from a third party (from a motor vehicle accident for example) will not reduce the benefit payable. The purpose of this policy is to pay for deductible and co-insurance amounts required by the Insured's underlying medical plan regardless of any applicable 3rd party settlements.

Exclusions

- a) Declared or undeclared war or any act thereof;
- b) Suicide or intentionally self-inflicted Injury or any attempt thereat, while sane or insane (while sane, in Colorado and Missouri);
- c) Any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the

Insured pro rata premium paid, less any benefits which have been paid, for any period during which the Insured Person is in such service;

- d) Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the services;
- e) Confinement or other covered treatment for Injury or Sickness which is not Medically Necessary;
- f) Confinement or other covered treatment for Dental or Vision not related to an accidental Injury
- g) Mental or nervous disorders;
- h) Alcoholism, drug addiction or complications thereof;
- i) Any Hospital Confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Worker's Compensation Law, any Occupational Disease Law, the 4800 Time Benefit Plan or similar legislation; and
- j) Any Hospital Confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured Person; and
- k) Any Hospital Confinement or other covered treatment for Injury or Sickness for which benefits are not payable under the Insured Person's Major Medical/Comprehensive Policy.
- l) Any Hospital Confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Major Medical/Comprehensive Policy, Our sole obligation will then be to refund all premiums paid for that Insured Person.
- m) An Insured Person engaging in any act or occupation, which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both Misdemeanor and felony violations.

In-Patient Hospital Base Policy Premium Rates

Attained Age Under 40	Benefit Amount											
	\$ 500	\$ 750	\$ 1,000	\$ 1,250	\$ 1,500	\$ 1,750	\$ 2,000	\$ 2,500	\$ 3,000	\$ 3,500	\$ 4,000	\$ 5,000
Insured Only	\$ 3.27	\$ 4.87	\$ 6.40	\$ 7.93	\$ 9.33	\$ 10.73	\$ 12.13	\$ 14.73	\$ 17.27	\$ 19.73	\$ 22.07	\$ 26.67
Insured plus Spouse	\$ 5.87	\$ 8.73	\$ 11.53	\$ 14.27	\$ 16.80	\$ 19.33	\$ 21.87	\$ 26.53	\$ 31.07	\$ 35.53	\$ 39.73	\$ 48.00
Insured plus Children	\$ 7.40	\$ 11.00	\$ 14.47	\$ 17.93	\$ 21.07	\$ 24.27	\$ 27.40	\$ 33.27	\$ 39.00	\$ 44.60	\$ 49.87	\$ 60.27
Insured Plus Family	\$ 10.00	\$ 14.87	\$ 19.60	\$ 24.27	\$ 28.53	\$ 32.87	\$ 37.13	\$ 45.07	\$ 52.80	\$ 60.40	\$ 67.53	\$ 81.60

Attained Age 40-49	Benefit Amount											
	500	750	1000	1250	1500	1750	2000	2500	3000	3500	4000	5000
Insured Only	\$ 4.73	\$ 7.07	\$ 9.27	\$ 11.53	\$ 13.53	\$ 15.53	\$ 17.60	\$ 21.33	\$ 25.07	\$ 28.60	\$ 32.00	\$ 38.67
Insured plus Spouse	\$ 8.53	\$ 12.73	\$ 16.67	\$ 20.73	\$ 24.33	\$ 27.93	\$ 31.67	\$ 38.40	\$ 45.13	\$ 51.47	\$ 57.60	\$ 69.60
Insured plus Children	\$ 8.87	\$ 13.20	\$ 17.33	\$ 21.53	\$ 25.27	\$ 29.07	\$ 32.87	\$ 39.87	\$ 46.80	\$ 53.47	\$ 59.80	\$ 72.27
Insured Plus Family	\$ 12.67	\$ 18.87	\$ 24.73	\$ 30.73	\$ 36.07	\$ 41.47	\$ 46.93	\$ 56.93	\$ 66.87	\$ 76.33	\$ 85.40	\$ 103.20

Attained Age 50+	Benefit Amount											
	500	750	1000	1250	1500	1750	2000	2500	3000	3500	4000	5000
Insured Only	\$ 6.40	\$ 9.47	\$ 12.47	\$ 15.47	\$ 18.20	\$ 20.93	\$ 23.67	\$ 28.73	\$ 33.67	\$ 38.47	\$ 43.00	\$ 52.00
Insured plus Spouse	\$ 11.53	\$ 17.07	\$ 22.47	\$ 27.87	\$ 32.73	\$ 37.67	\$ 42.60	\$ 51.73	\$ 60.60	\$ 69.27	\$ 77.40	\$ 93.60
Insured plus Children	\$ 10.53	\$ 15.60	\$ 20.53	\$ 25.47	\$ 29.93	\$ 34.47	\$ 38.93	\$ 47.27	\$ 55.40	\$ 63.33	\$ 70.80	\$ 85.60
Insured Plus Family	\$ 15.67	\$ 23.20	\$ 30.53	\$ 37.87	\$ 44.47	\$ 51.20	\$ 57.87	\$ 70.27	\$ 82.33	\$ 94.13	\$ 105.20	\$ 127.20

Outpatient Benefit Rider II

Attained Age Under 40	Benefit Amount										
	\$ 250	\$ 500	\$ 750	\$ 1,000	\$ 1,250	\$ 1,500	\$ 1,750	\$ 2,000	\$ 2,250	\$ 2,500	
Insured Only	\$ 5.10	\$ 9.17	\$ 11.00	\$ 12.72	\$ 13.99	\$ 15.26	\$ 16.36	\$ 17.45	\$ 18.32	\$ 19.20	
Insured plus Spouse	\$ 9.16	\$ 16.49	\$ 19.78	\$ 22.92	\$ 25.21	\$ 27.50	\$ 29.46	\$ 31.42	\$ 32.99	\$ 34.56	
Insured plus Children	\$ 11.01	\$ 19.84	\$ 23.81	\$ 27.54	\$ 30.29	\$ 33.05	\$ 35.41	\$ 37.77	\$ 39.66	\$ 41.55	
Insured Plus Family	\$ 15.07	\$ 27.16	\$ 32.55	\$ 37.69	\$ 41.46	\$ 45.24	\$ 48.47	\$ 51.70	\$ 54.28	\$ 56.87	

Attained Age 40-49	Benefit Amount										
	250	500	750	1000	1250	1500	1750	2000	2250	2500	
Insured Only	\$ 6.45	\$ 11.61	\$ 13.92	\$ 16.10	\$ 17.72	\$ 19.33	\$ 20.71	\$ 22.09	\$ 23.19	\$ 24.29	
Insured plus Spouse	\$ 11.59	\$ 20.88	\$ 25.04	\$ 28.99	\$ 31.89	\$ 34.79	\$ 37.27	\$ 39.75	\$ 41.74	\$ 43.73	
Insured plus Children	\$ 11.65	\$ 20.99	\$ 25.20	\$ 29.16	\$ 32.07	\$ 34.99	\$ 37.49	\$ 39.99	\$ 41.99	\$ 44.00	
Insured Plus Family	\$ 16.80	\$ 30.29	\$ 36.30	\$ 42.02	\$ 46.22	\$ 50.42	\$ 54.02	\$ 57.62	\$ 60.50	\$ 63.38	

Attained Age 50+	Benefit Amount										
	250	500	750	1000	1250	1500	1750	2000	2250	2500	
Insured Only	\$ 13.26	\$ 23.86	\$ 28.62	\$ 33.11	\$ 36.42	\$ 39.73	\$ 42.58	\$ 45.42	\$ 47.69	\$ 49.97	
Insured plus Spouse	\$ 23.89	\$ 42.92	\$ 51.50	\$ 59.59	\$ 65.54	\$ 71.50	\$ 76.61	\$ 81.72	\$ 85.80	\$ 89.88	
Insured plus Children	\$ 21.22	\$ 38.17	\$ 45.83	\$ 53.03	\$ 58.33	\$ 63.63	\$ 68.18	\$ 72.72	\$ 76.35	\$ 79.98	
Insured Plus Family	\$ 31.53	\$ 57.25	\$ 68.67	\$ 79.45	\$ 87.39	\$ 95.33	\$ 102.15	\$ 108.97	\$ 114.42	\$ 119.87	

UNDERWRITTEN BY:

FIDELITY SECURITY LIFE INSURANCE COMPANY
Kansas City, Missouri



Rated A- Excellent, based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry.

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FSL – Gap 360° (UT) 2008

A supplemental limited benefit medical expense policy