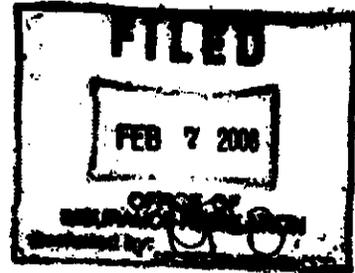




OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY
COMMISSIONER



IN THE MATTER OF:

ACCESS ONE CONSUMER HEALTH, INC.

CASE NO.: 93115-07

2006 Market Conduct Examination
_____ /

CONSENT ORDER

THIS CAUSE came on for consideration as the result of an agreement between ACCESS ONE CONSUMER HEALTH, INC. (hereinafter referred to as "ACCESS ONE") and the OFFICE OF INSURANCE REGULATION (hereinafter referred to as the "OFFICE"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter of, and parties to, this proceeding.
2. ACCESS ONE is a domestic discount medical plan organization authorized to transact discount medical plan business in Florida and is subject to the jurisdiction and regulation of the OFFICE pursuant to Chapter 636, Part II, Florida Statutes.
3. The OFFICE conducted a market conduct examination of ACCESS ONE pursuant to Section 636.206, Florida Statutes. As a result of such examination, the OFFICE has determined that ACCESS ONE violated the following provisions of the Florida Insurance Code:

- a. Section 636.214(3)(a), Florida Statutes – Failure of the provider network agreements to contain, a list of the services and products to be provided at a discount; the amount of the discounts, or alternatively, a fee schedule which reflects the provider's discounted rates; and a statement that the provider will not charge members more than the discounted rates.
- b. Section 636.214(3)(c), Florida Statutes – Failure of the provider network agreements to require the network to maintain an up-to-date list of its contracted providers and to provide that list on a monthly basis to the discount medical plan organization.
- c. Section 636.214(3), Florida Statutes – Failure of the provider network agreements to require written agreements between the network and its providers.
- d. Section 636.228(1), Florida Statutes – Failure of the discount medical plan organization to provide evidence of written approval for marketer advertisements prior to its use.
- e. Section 636.228(2), Florida Statutes – Failure to provide evidence of an executed written agreement with marketers prior to the marketers marketing, promoting, selling, or distributing the discount medical plan.
- f. Section 636.216(2), Florida Statutes – Failure to provide evidence of a written agreement between the discount medical plan organization and the member specifying the benefits under the discount medical plan.
- g. Section 636.216(3), Florida Statutes – Use of forms that have not been filed with and approved by the Office.

- h. Section 636.205(1)(d), Florida Statutes – Failure to comply with the complaint procedures filed with the Office.
- i. Section 636.208(2), Florida Statutes – Failure to make a full refund to members who cancelled their membership within the first 30 days after the effective date of their enrollment.
- j. Section 636.212(1) – (5), Florida Statutes – Failure of advertising and marketing materials to contain the required disclosures.

4. ACCESS ONE expressly waives a hearing in this matter, the making of Findings of Fact and Conclusions of Law by the OFFICE, and all further and other proceedings herein to which the parties may be entitled by law or rules of the OFFICE. ACCESS ONE hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order, in any forum now or in the future available to it, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

5. ACCESS ONE agrees that upon the execution of this Consent Order it shall be subject to the following terms and conditions:

- a. ACCESS ONE shall pay a penalty of Six Thousand Five Hundred Dollars (\$6,500) and administrative costs of Three Thousand Dollars (\$3,000) on or before the 30th day after this Consent Order is executed.
- b. ACCESS ONE shall, within 30 days of the execution of this Consent Order, provide to the OFFICE a certification signed by an officer of the Company that the corrective actions outlined in the examination report have been completed. The certification shall include a detailed list of all

fees returned, itemized by member name, member number, and the amount refunded.

6. ACCESS ONE is hereby placed on notice of the requirements of the above referenced sections of law and agrees that any future violations of these sections by ACCESS ONE may be deemed willful, subjecting ACCESS ONE to appropriate penalties.

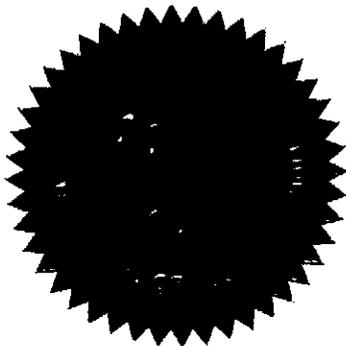
7. ACCESS ONE agrees that the failure to adhere to one or more of the above terms and conditions of this Consent Order shall constitute a violation of a lawful order of the OFFICE, and shall subject ACCESS ONE to such administrative action as the OFFICE may deem appropriate.

8. Except as noted above, each party to this action shall bear its own costs and attorney's fees.

THEREFORE, the agreement between ACCESS ONE and the OFFICE, the terms and conditions of which are set forth above, is approved.

FURTHER, all terms and conditions above are hereby ORDERED.

DONE AND ORDERED this 7TH day of FEBRUARY 2008



~~KEVIN M. McCARTY~~ / _____
Commissioner
Office of Insurance Regulation

By execution hereof, ACCESS ONE CONSUMER HEALTH, INC. consents to entry of this Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that he or she has the authority to bind ACCESS ONE CONSUMER HEALTH, INC. to the terms and conditions of this Consent Order.

~~ACCESS ONE CONSUMER~~ HEALTH, INC.

Corporate Seal

By _____

Title: President

Date: January 31, 2008

STATE OF Washington
COUNTY OF Snohomish

The foregoing instrument was acknowledged before me this 31st day of January, 2008,
by _____ as President for

(Name of person) _____ (Type of authority.... e.g. officer, trustee, attorney in fact)
Access One Consumer Health Inc.
(Company name)

Personally Known or Produced Identification _____

Type of Identification Produced _____

Notarial Seal

(Signature of the Notary) [Signature]

Alice T. Langford
(Print, Type or Stamp Commissioned Name of Notary)

My Commission Expires:

**My Commission Expires
April 20, 2015**

COPIES FURNISHED TO:

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