

Managed Limited Benefit Plan - Hospital Indemnity Plan

Hospital Indemnity Plan Includes:

- Guaranteed Issue—No Health Questions Asked!
- No Exclusions for Pre-existing Conditions (CAIC)
- No Exclusions for Pre-existing Conditions except pregnancy (where conception is prior to the effective date of coverage) (AIG)
- Provides benefits for injury or sickness
- Benefits paid directly to you (unless you assign them to the doctor or hospital)
- Supplements and pays regardless of any other insurance program
- No Deductible
- No Co-pays
- First Dollar Coverage

PHYSICIAN OFFICE VISIT/HOSPITAL EMERGENCY ROOM VISIT

If you are injured in a covered accident or have treatment as the result of a covered sickness, you will be paid the benefit for each visit as shown in the Benefit Schedule for Physician's charges, Laboratory fees, X-rays and Injections/Medications. This benefit is limited to 6 visits per person per calendar year.

Benefit Amount Per Visit	
PLAN 1	\$50
PLAN 2	\$50
PLAN 3	\$75
PLAN 4	\$75

MEDICAL FEES FOR EACH ACCIDENT

If you are injured in a covered accident and receive treatment from a physician within one year after the accident, you will be paid up to the amount shown in the Benefit Schedule for X-Rays, Physician Services, Emergency Room Services, Supplies and Appliances. This benefit is payable if you received initial treatment within 60 days after the accident.

Benefit Amount	
PLAN 1	up to \$300
PLAN 2	up to \$300
PLAN 3	up to \$300
PLAN 4	up to \$400

HOSPITAL ADMISSION BENEFIT

You will be paid this benefit in the amount shown in the benefit schedule, when you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be admitted to a hospital within 6 months of the date of the covered accident.

Benefit Amount	
PLAN 1	\$250
PLAN 2	\$500
PLAN 3	\$750
PLAN 4	\$1,000

DAILY HOSPITAL CONFINEMENT BENEFIT

You will be paid this benefit in the amount shown in the Benefit Schedule for a maximum of up to 30 days, subject to the elimination period if any, when you are confined to a hospital as a resident bed patient as the result of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be confined to a hospital within 6 months of the date of the covered accident.

Benefit Amount Per Day	
PLAN 1	\$200
PLAN 2	\$400
PLAN 3	\$600
PLAN 4	\$1,000

INTENSIVE CARE BENEFIT

If you are confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness, you will be paid the daily benefit amount shown on the Benefit Schedule for a maximum of up to 30 days. In order to receive this benefit for a covered accident, you must be admitted to a hospital intensive care unit within 6 months of the date of the covered accident. This benefit pays in addition to the Daily Hospital Confinement Benefit.

Benefit Amount Per Day	
PLAN 1	\$250
PLAN 2	\$500
PLAN 3	\$750
PLAN 4	\$1,000

SURGICAL BENEFIT

If you require surgery due to an injury received in a covered accident or because of a covered sickness is performed by a Physician, you will be paid the amount for the Surgical Operation shown opposite the procedure listed in the Schedule of Operations. The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an Ambulatory Surgical Center, or in a Physician's office.

Benefit Amount—See Schedule	
PLAN 1	N/A
PLAN 2	\$500
PLAN 3	\$1,500
PLAN 4	\$2,000

ANESTHESIA BENEFIT

When a surgical procedure is performed that is covered under the Surgical Benefit, you will be paid the amount shown in the Schedule Of Operations for anesthesia administered by a Physician in connection with such procedure. Benefits will be 25% of the amount paid under Surgical Benefit.

Benefit Amount—See Schedule	
PLAN 1	N/A
PLAN 2	\$125
PLAN 3	\$375
PLAN 4	\$500

WELLNESS BENEFIT

We will pay the amount shown in the Benefit Schedule per calendar year when you visit a doctor and you are neither injured or sick.

Benefit Amount	
PLAN 1	\$50
PLAN 2	\$50
PLAN 3	\$100
PLAN 4	\$100

GROUP TERM LIFE BENEFIT (not available in Florida)

The group term life insurance plan will provide your designated beneficiary with the life insurance benefit in the event of your death.

Term Life AD&D	
EMPLOYEE	\$5,000
SPOUSE	\$2,500
CHILDREN	\$1,250

Included with all USNow Managed Limited Benefit Plans:

RxSelect Prescription Plan

This plan is designed to save you money on your prescription drug costs and is recognized at most major pharmacies. The RxSelect Product Guide lists each drug in 1 of 4 tiers. To maximize savings, ask your doctor to review your booklet and prescribe an appropriate drug within the lowest tier possible. There is no monthly limit on the number of prescriptions that can be filled. Mail order is also available.

- **Tier 1.** Preferred Brand and Generic Drugs:
You pay \$10 or less for the scheduled quantity and dose.
- **Tier 2.** Preferred Brand and Generic Drugs:
You pay \$20 or less for the scheduled quantity and dose.
- **Tier 3.** Preferred Brand and Generic Drugs:
You pay \$40 or less for the scheduled quantity and dose.

- **Tier 4. Non-Select Brands and Generics:**
You pay 100% of the discounted price.

RxSelect Discount Prescription Card is administered by MemberHealth, Inc. This is not insurance or the new Medicare Prescription Plan.

USNow Lab

Adult Wellness Test

Once each calendar year, you and your spouse (if covered) may take advantage of a no-cost Annual Wellness Test valued at over \$500 and includes:

- Comprehensive Wellness Profile (CWP) - liver, kidney, lipid panels, cbc's, electrolytes, glucose, bones and minerals
- Comprehensive Urinalysis
- PSA (men over 40)
- Thyroid w/TSH (women)
- CellMate Report, an extensive interpretative report analysis of your blood tests results to give your unique biochemistry health status on diet and supplements

Unlimited Lab Tests

Throughout the year, you and your dependents (if covered) will have direct access to the major clinical labs at prices discounted up to 70% off the published "Patient Price" list. As you can see from the sample test prices below, you can pay for the annual lab benefit fee with savings from any one test.

Test	Retail Price	Your Price	You Save
CWP	\$300.00+	\$72.00	\$228.00
PSA	\$101.00	\$36.00	\$65.00
Thyroid w/TSH	\$146.00	\$44.00	\$102.00

Lab tests must be scheduled through USNow and performed by participating USNow affiliates. Lab tests performed in a Doctor's Office are not covered under this plan.

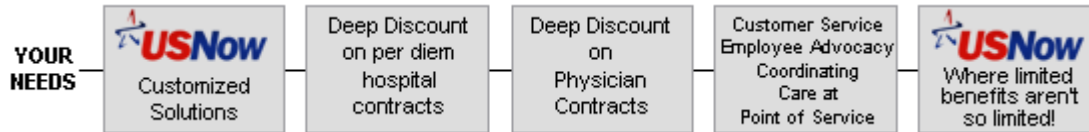
- USNow Lab is not responsible for any lab test(s) ordered "STAT" by a Member's physician. Laboratory tests ordered STAT may be processed only at local hospital laboratories and therefore "Out of Network".
- Lab benefit does not cover "cultures", mammograms, x-rays, or EKG's. Contact USNow Member Services for more details.
- Lab cost and proximity to participating labs are subject to change without notice.

The above lab benefits are not insurance products. They are discount products offered through USNow Lab.

PPO Discount

(Plan I includes PPO discounts for Office Visits only)

While all limited benefit plans may seem to be equal, using USNow can make a tremendous difference. Using PPO administration technology and years of healthcare experience, we deliver substantial value and savings. This value is real...NOT a discount card that is often sold with limited benefit ("mini-med") plans. When you add USNow to your limited benefit, the cost of a typical hospital stay may be no more than if you had major medical insurance. You receive the healthcare you need with a premium that is a fraction of the cost of major medical insurance.



Sample Plan Design						
Description	No. Days In Hospital	Billed	Allowed	Savings	Benefit	Net Due
Office Visits	0	\$148	\$39	\$109	\$75	\$0
Maternity	3	\$4,327	\$2,600	\$1,727	\$3,000	\$0
ICU	1	\$18,032	\$999	\$17,033	\$2,000	\$0
Medical Surgery	2	\$15,251	\$3,527	\$11,724	\$3,500	\$27

This example is based on sample plan design of \$1,000 per day in the hospital, a \$1,500 surgical benefit, and a \$2,000 intensive care benefit. Please note that benefits may vary according to policy design.

Our technology extends our benefits to those employees that need it the most.

USNow Advocacy Department

USNow's Advocacy Department is here to assist each and every member in getting the most out of their healthcare benefits. Our USNow Health Advocates provide independent, trusted and expert assistance to members wherever and whenever they need it, helping them efficiently and effectively resolve healthcare matters affecting their lives.

At the core of our service, a "Personal Health Advocate" is assigned to serve each member when he/she first accesses our services. The Personal Health Advocate is typically a registered nurse, experienced in the medical delivery system and case management services and knowledgeable of the intricacies of healthcare. They stay with the case to its conclusion, working with and supported by physicians and a team of customer service professionals who are expert in health insurance and benefit matters.

For more information on our Patient Advocacy Services, please call 800-694-9888.

USNow Member Services Department

Members and employers can access benefit information and other USNow services by dialing one toll free number - 1.800.694.9888. We are available to provide information on:

- Account Management
- Member Eligibility
- Verification of Benefits
- General Policy Questions
- USNow Lab and Radiology Benefits
- Prescription Benefits
- PPO Network Information
- Client Advocacy Department

NOTE: This is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. In addition, Hospital Indemnity Plans are exempt from Coordination of Benefits provisions.

The insurance coverage offered through CAIC are stand alone insurance products and may be purchased separately. Hospital Indemnity, Accidental Death, Term Life and Critical Illness plans are underwritten by CAIC.

The insurance coverage offered through AIG-American General Assurance Company are stand alone insurance products and may be purchased separately. Hospital Indemnity, Accidental Death, Critical Illness and Term Life products are underwritten by American General Assurance Company. AIG American General is the marketing name for the above listed underwriting company.

