

CROSSAMERICA HEALTH PLANS

600 Lanidex Plaza
Parsippany, NJ 07054
973-439-6600



**AFFORDABLE BENEFITS
FOR HARD-WORKING
AMERICANS**

The Limited Medical Plan is underwritten by the American Medical and Life Insurance Company, principal office address 35 Broadway Hicksville, NY 11801 (800) 822-8700. The Hospital 365 Program is underwritten by Group Health, Inc. with its' principal location being 441 Ninth Avenue New York, NY 10001-1681 (800) GHI-2333.

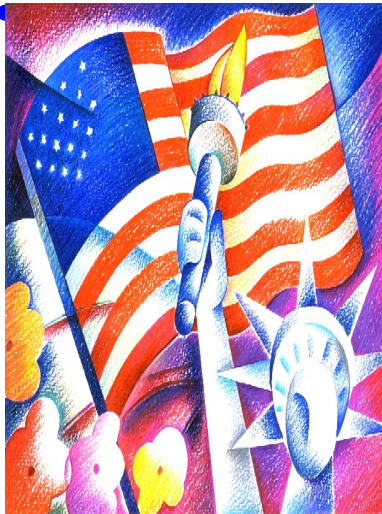
CROSSAMERICA HEALTH PLANS

Our History:

CrossAmerica Health Plans is a national Insurance Benefits Administrator that has brought together secure rated insurance companies to create an affordable alternative to the high cost of traditional health insurance. Coupled with the assistance of discount products that provide significant savings on Physician, Hospital, RX, Vision, Dental, Chiropractic and Value-Added Programs, CrossAmerica created **an insured, indemnity limited medical health plan.**

CrossAmerica Health Plans has specialized in the creation and implementation of group defined programs. As the industry has witnessed double-digit major medical increases, CrossAmerica looked to the thousands of hard-working Americans who could not afford or were not eligible for health insurance. In order to meet the benefit needs of these people, a unique alternative is now provided for the fundamental care that everyone needs.

The CrossAmerica Health Plan is a Limited Medical Indemnity Plan, it is not Major Medical Insurance. The programs are priced and designed so that our members can afford to access the most common health care services at reduced prices. These plans specifically were created for Employees, Employer Groups, Association Members, Small Business Owners, 1099 Independent Contractors and those who just cannot afford the rising cost of major or basic medical insurance. With that in mind, CrossAmerica has partnered with the American Medical & Life Insurance Company, a New York domiciled accident, health and life insurer, rated B+ (secure) by A.M. Best, with Limited Medical Policies filed and approved with New York State Department of Insurance. The policy includes limited benefits for services as physician visits, surgical procedures, x-ray and diagnostic testing, wellness visits, daily in-hospital benefits, medical accident, emergency room visits, accidental death and dismemberment and more.



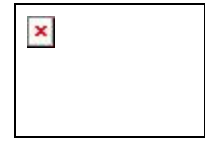
Our Mission:

CrossAmerica is dedicated to making the healthcare delivery system work more effectively for the hard-working American. Through innovative product design, quality customer services and best-in-class technology, we can improve access to health benefits, simplify the healthcare experience and help make healthcare more affordable.

CROSSAMERICA HEALTH PLANS

Schedule of Benefits for the Limited Benefit Medical Plans

Underwritten by American Medical &
Life Insurance Company



BENEFIT	PLAN 1	PLAN 2	PLAN 3	PLAN 4
DOCTOR OFFICE VISIT	\$40 per office visit 10 maximum per year	\$60 per office visit 10 maximum per year	\$80 per office visit 10 maximum per year	\$100 per office visit 10 maximum per year
PREVENTIVE CARE BENEFITS	\$100 per visit 1 maximum visits per year	\$100 per visit 1 maximum visits per year	\$100 per visit 1 maximum visits per year	\$100 per visit 1 maximum visits per year
LAB & X - RAY	\$100 per service date 10 maximum visits per year	\$150 per service date 10 maximum visits per year	\$200 per service date 10 maximum visits per year	\$250 per service date 10 maximum visits per year
SURGICAL BENEFIT	50% of RBRVS Unlimited	70% of RBRVS Unlimited	80% of RBRVS Unlimited	100% of RBRVS Unlimited
ANESTHESIA BENEFIT	20% of surgical benefit	20% of surgical benefit	20% of surgical benefit	20% of surgical benefit
DENTAL	Included	Included	Included	Included

BENEFIT	PLAN 5	PLAN 6	PLAN 7	PLAN 8
DOCTOR OFFICE VISIT	\$40 per office visit 10 maximum per year	\$60 per office visit 10 maximum per year	\$80 per office visit 10 maximum per year	\$100 per office visit 10 maximum per year
PREVENTIVE CARE BENEFITS	\$100 per visit 1 maximum visits per year	\$100 per visit 1 maximum visits per year	\$100 per visit 1 maximum visits per year	\$100 per visit 1 maximum visits per year
LAB & X - RAY	\$100 per service date 10 maximum visits per year	\$150 per service date 10 maximum visits per year	\$200 per service date 10 maximum visits per year	\$250 per service date 10 maximum visits per year
SURGICAL BENEFIT	50% of RBRVS Unlimited	70% of RBRVS Unlimited	80% of RBRVS Unlimited	100% of RBRVS Unlimited
ANESTHESIA BENEFIT	20% of surgical benefit	20% of surgical benefit	20% of surgical benefit	20% of surgical benefit
ACCIDENT BENEFIT (Plan pay incurred charges due to injuries in a covered accident)	\$250 deductible 80% coinsurance \$5,000 annual maximum	\$250 deductible 80% coinsurance \$5,000 annual maximum	\$250 deductible 80% coinsurance \$5,000 annual maximum	\$250 deductible 80% coinsurance \$5,000 annual maximum
DENTAL	Included	Included	Included	Included
ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT	\$5,000 per insured	\$5,000 per insured	\$5,000 per insured	\$5,000 per insured

The AMLI Limited Benefit Medical Plan is a group insurance benefit program. The group insurance benefits vary depending on the plan selected. These benefits are provided under the group insurance policy underwritten by the American Medical and Life Insurance Company and are subject to the company's underwriting guidelines, exclusions, limitations, terms and conditions of coverage as set forth in the insurance policy and certificate Form No. AML-200-GMP-NY et al. which includes a pre-existing limitation and other restrictions. This insurance is not basic health insurance or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. This is a limited medical plan that provides for limitations to the coverage for each benefit. The limitations are disclosed in the certificate of coverage which is a part of the applicant kits made available at the time of enrollment.

*RBRVS is the methodology used by the federal government to determine benefits payable under Medicare.

CROSSAMERICA HEALTH PLANS

GHI Alliance 365 - Day Hospital Only Program underwritten by



Description of Services This program covers the listed services only when provided and billed for by a hospital or other eligible facility or home care agency.	365 Day Hospital Only In – Network	365 Day Hospital Only Out – of – Network
365 days of semi-private room & board in an acute care hospital * per person, per single hospital confinement	Covered in full	Base Hospital Coverage: Up to 100% of GHI's allowed amount
Deductible	None	None
Maternity Hospitalization*	Covered in full	Base Hospital Coverage
Routine Nursery Care	Covered in full	Base Hospital Coverage
Outpatient Emergency Room	Covered in full	Base Hospital Coverage
Freestanding Ambulatory Surgery Center Care *	Covered in full	Base Hospital Coverage
Pre-Admission Testing - no more than 7 days before scheduled surgery	Covered in full	Base Hospital Coverage
Inpatient Psychiatric Care – up to 30 days per person, per calendar year*	Covered in full	Not covered
Inpatient Substance Abuse Treatment – up to 30 days for detox & rehabilitation combined per person, per calendar year*	Covered in full	Not covered
Outpatient Substance Abuse Treatment - 60 visits per person, per calendar year (up to 20 of these may be used for family therapy)*	Covered in full	Base Hospital Coverage
Outpatient Hospital-Based and Free-Standing Facility Dialysis	Covered in full	Base Hospital Coverage

* Indicates these services are subject to pre-certification by GHI.

CROSSAMERICA HEALTH PLANS

GHI Alliance 365 - Day Hospital Only Program underwritten by 

Description of Services This program covers the listed services only when provided and billed for by a hospital or other eligible facility or home care agency.	365 Day Hospital Only In – Network	365 Day Hospital Only Out – of – Network
Inpatient Admissions for Physical Therapy, Physical Medicine & Rehabilitation – up to 30 days per person, per calendar year *	Covered in full	Not covered
Diagnostic Admissions	Not covered	Not covered
Home Care Visits - Up to 40 visits per person, per calendar year*	Covered in full	Base Hospital Coverage
Hospice Care - 210 days per person, per lifetime (includes 5 bereavement counseling sessions for family members)	Covered in full	Base Hospital Coverage
Skilled Nursing Facility Care	Not covered	Not covered
Outpatient Referred Ambulatory Care: laboratory tests, physical therapy, diagnostic X-rays and radiation therapy and chemotherapy	Not covered	Not covered
Outpatient Mammography Screening and Pap Smear Screening	Covered in full	Base Hospital Coverage

Dependent Children / Student are eligible until age 23.

* Indicates these services are subject to pre-certification by GHI.

The summary above provides only general information about the GHI Alliance 365 - Day Hospital Only Program, GHI Policy PLH-5102A, et al. The GHI Alliance 365 - Day Hospital Only Program meets New York State Insurance Department standards for basic hospital insurance. Coverage is subject to all terms, conditions, limitations and exclusions contained in the contract and certificate of insurance. This program does not provide any coverage for medical or surgical services or professional charges.

CROSSAMERICA HEALTH PLANS

CrossAmerica Health Plans Limited Benefits Medical Plan

SUMMARY OF COST MONTHLY



Underwritten by American Medical and Life Insurance & GHI



Aml (LMIP)*	<input checked="" type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input checked="" type="checkbox"/> Plan 4
Single	\$ 86.00	\$ 112.10	\$ 134.57	\$ 151.84
EE / Spouse	\$ 149.50	\$ 201.71	\$ 246.65	\$ 281.17
EE / Child(ren)	\$ 136.80	\$ 183.79	\$ 224.23	\$ 255.31
Family	\$ 193.95	\$ 264.43	\$ 325.10	\$ 371.71



Aml (LMIP)*	<input type="checkbox"/> Plan 5	<input checked="" type="checkbox"/> Plan 6	<input checked="" type="checkbox"/> Plan 7	<input type="checkbox"/> Plan 8
Single	\$ 99.56	\$ 125.66	\$ 148.13	\$ 174.24
EE / Spouse	\$ 176.61	\$ 228.82	\$ 273.76	\$ 325.99
EE / Child(ren)	\$ 161.20	\$ 208.18	\$ 248.63	\$ 295.64
Family	\$ 230.55	\$ 301.03	\$ 361.70	\$ 432.21

*AMLI fees include: AMLI Limited Benefits and CrossAmerica Administration fees.



GHI Hospital Only (H365)	<input checked="" type="checkbox"/> DownState	<input type="checkbox"/> Albany	<input type="checkbox"/> Mid-Hudson	<input type="checkbox"/> Rochester / Buffalo	<input type="checkbox"/> Syracuse	<input type="checkbox"/> Utica / Watertown
Single	\$ 108.27	\$ 91.93	\$ 98.77	\$ 87.03	\$ 85.35	\$ 75.98
EE / Spouse	\$ 246.05	\$ 209.02	\$ 224.53	\$ 197.84	\$ 194.08	\$ 172.78
EE / Child(ren)	\$ 177.37	\$ 150.68	\$ 161.86	\$ 142.63	\$ 139.90	\$ 124.57
Family	\$ 258.68	\$ 219.77	\$ 236.06	\$ 207.99	\$ 204.04	\$ 181.65

Downstate Region: BRONX, KINGS, NEW YORK, NASSAU, QUEENS, RICHMOND, ROCKLAND, SUFFOLK AND WESTCHESTER COUNTIES

CROSSAMERICA HEALTH PLANS

DownState Region

Sample Plans

Group Combined Totals Rates per member per month*:	Plan 1	Plan 4	Plan 6	Plan 7
Single	\$ 196.21	\$ 262.71	\$ 236.27	\$ 258.96
EE / Spouse	\$ 399.51	\$ 532.49	\$ 479.62	\$ 525.01
EE / Child(ren)	\$ 317.31	\$ 437.01	\$ 389.41	\$ 430.26
Family	\$ 457.16	\$ 636.69	\$ 565.31	\$ 626.58

*Rates include AMLI Limited Benefits, GHI Hospital Only (H365), Broker Fees, Administration, Billing and Fulfillment.

Disclaimers / Guidelines For American Medical and Life Insurance Company



- This Proposal is a Limited Medical Benefit Plan which is not a substitute for basic or major medical insurance.
- The number of eligible employees assumed for this quote is **between 2 to 50**.
- Waiting period of 30 days.
- Actively at work assumes a minimum of 15 hours per week. (GHI requires 20 hours per week)
- Rates will be guaranteed for a one year contract. No multi-year rate guarantees shall be offered.
- Exclusions: Worker's Compensation in any form.
- Signed enrollment forms will be required per individual applicant if less than 100% participation

I have reviewed the disclaimers

Initial

Mode of Premium Payment

Monthly

Premium Due Dates

In order to bind coverage, deposit premium must be received by the 20th of the month prior to the Effective Date. Monthly premiums are due prior by the first day of each month thereafter

Contributions

The cost of this insurance is paid by the Policyholder and Covered Persons

This Proposal represents and details only a portion of the benefits and cannot be considered a contract.

CROSSAMERICA HEALTH PLANS



Signature: _____

Print Name: _____

Title: _____

Date: _____

CROSSAMERICA HEALTH PLANS

LIMITED BENEFITS DENTAL PROGRAM

Underwritten by American Medical & Life Insurance



CrossAmerica Health Plans has included a Limited Benefits Dental Program, underwritten by AMLI, to better serve our members.

The plan covers preventive and basic treatments on a schedule of benefits. For a copy of the Dental Coverage Rider call CrossAmerica Health Plans at 877-743-6600.



GOOD HEALTH INCENTIVES

Provided by: **GHI**

GHI Good Health Incentives offers significant discounts (10-60%) to help your employees and their families maintain healthier lifestyles. All GHI participants receive membership with fulfillment package which will explain benefits in full.

PPO NETWORK

CrossAmerica Health Plans has included a provider network that is designed to achieve substantial cost savings while providing access to high-quality providers to better serve our members.

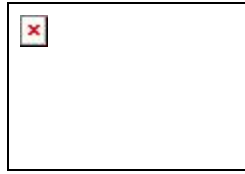
CROSSAMERICA HEALTH PLANS



BENEFIT ILLUSTRATION

Gold \$100 VISION PLAN

\$10 Exam \$25 Eyewear Copayment (Participation requirements exist)



<u>Service / Materials</u>	<u>Participating Provider</u>	<u>Non-Participating Provider**</u>
Vision Examination:	Paid in full*	Up to: \$35.00 Retail Value
Frame:	Up to: \$100.00 Retail Value*	Up to: \$55.00 Retail Value
Lenses: (Clear, Standard, Glass or Plastic)		
Single Vision (per pair)	Paid in full*	Up to: \$25.00 Retail Value
Bifocal (per pair)	Paid in full*	Up to: \$40.00 Retail Value
Trifocal (per pair) **	Paid in full*	Up to: \$45.00 Retail Value
Lenticular (per pair)	Paid in full*	Up to: \$80.00 Retail Value

* After member pays copayment listed above

** Member pays difference in retail price between standard trifocal lenses and progressive lenses.

Contact Lenses: ***

Elective	Up to: \$125.00*	Up to: \$65.00 Retail Value
Medically Required	Paid in full*	Up to: \$150.00 Retail Value

* After member pays copayment listed above

*** Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglasses. Coverage to include all contact lens types (ie. Standard daily wear, extended wear, disposable, toric, gas permeable, and bifocal).

Frequency:

Vision Examination	Once Each 12 Months
Frame	Once Each 24 Months
Lenses	Once Each 12 Months
Contact Lenses	Once Each 12 Months

Rates: Gold 100 Full Service Plan

<u>Voluntary Participation</u>	<u>Monthly</u>
Employee	\$ 7.28
Employee + Spouse	\$ 13.11
Employee + Child(ren)	\$ 12.38
Family	\$ 19.66

Gold 100 Materials Only Plan

<u>Voluntary Participation</u>	<u>Monthly</u>
Employee	\$ 3.73
Employee + Spouse	\$ 6.71
Employee + Child(ren)	\$ 6.33
Family	\$ 10.06

WE FOCUS ON YOU SO YOU CAN FOCUS ON LIFE



CROSSAMERICA HEALTH PLANS

FULLY INSURED GENERIC ONLY PRESCRIPTION PLAN

Underwritten by: Seneca Group



INSURED GENERIC ONLY PROGRAM HIGHLIGHTS	
Plan Design	Age 64 and under
Deductible	\$25 Emp. / \$50 Fam.
Generic Retail / Mail Services	\$10.00 / \$30.00
Brand	Member pays 100% of Network Contracted Rate
Max Days Supply Retail / Mail	30 / 90 Days
Plan Max Per Member Per Year	\$2,500 Annually \$200 Monthly

Plan Rates*

	Age 64 and under
Member	\$ 14.00
Member +1	\$ 28.00
Family	\$ 46.00

* Rates are for illustrative purposes only. Product available to employer groups only. Not available for individual sales. Final approval must be provided by insurance carrier.

A fully insured stand-alone prescription benefit offered through PRAM Insurance Services.

CROSSAMERICA HEALTH PLANS

Customer Service Support:

CrossAmerica has been built on the philosophy that individualized attention to participant concerns and questions is one of the most important ingredients of successful customer service. To that end, we focus on the service team that will be personally responsible, available and involved in the delivery of outstanding service.

Our customer service professionals are knowledgeable and recognize the significance to the employees of the concerns and questions they have regarding their coverage.

CrossAmerica's Customer Service functions include:

Prompt claims turnaround service that is backed up with performance guarantees.

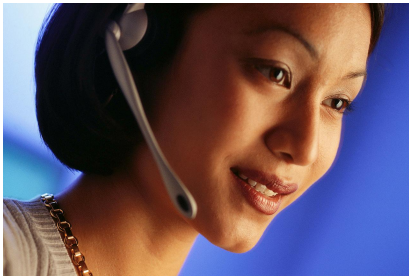
All phone calls returned within 24 hours.

Dedicated team approach to staffing and servicing.

High-level Account Executive support.

In-house repricing of network claims

Administrative services for medical, dental, vision, disability, spending accounts (medical and dependent care) and COBRA.



Toll Free Support

Members and employers can access benefit information and all other CrossAmerica services by dialing one toll free number:

1-877-814-6600

Member Services and Account Management

Professional CrossAmerica representatives are available to provide information and support regarding:

- Member Eligibility
- Verification of Benefits
- General Policy Questions
- CrossAmerica Lab Benefits
- Prescription Benefits
- PPO Network Information
- Patient Advocacy Program

Each client group will be assigned their own personal Account Manager. This Account Manager will be available to assist the group with: questions, issue resolution, billing, escalated member issue resolution and monthly group growth management.

Operation Hours:

Our Member Services Department is available
Monday through Friday, 8:30 a.m. – 5:30 p.m. EST

CROSSAMERICA HEALTH PLANS

Commonly Asked Questions Based on The Limited Medical Benefit Program.

1-Is this a “Major Medical Plan?”

No, it is not a major medical plan. This plan offers limited-benefit medical cash reimbursement coverage for basic medical expenses at an affordable cost.

2-Is this a comprehensive medical plan?

No. CrossAmerica Health Plan is a limited-benefit medical plan that does not coordinate benefits, so it pays regardless of any other coverage the covered person may have. This is a limited-benefit policy and is not a substitute for a major medical plan.

3-Why offer a limited-benefit plan?

Limited Medical Plans make coverage available to workers who may not be eligible for Group Insurance Plans. In addition, Limited Medical Plans are useful in filling in coverage gaps in group insurance major medical plans with high deductibles and coinsurances (mandated out of pocket costs).

4- Who Is Eligible For Coverage?

The CrossAmerica Limited-Benefit Plan is guaranteed issue to all covered people and their dependents, so no medical questions will be asked. Enrollees will be issued individual policies and/or certificates of insurance.

5-Who Are Eligible Dependents?

- A. Covered person's spouse (under age 65)
- B. Covered person's unmarried children-natural, adopted or stepchildren up to age 19 (or up to age 25 if a full-time student)
- C. Children who are over the age of 19 who become physically or mental incapable of self-support to reaching age 19 and while covered under these plan

6-When Should I Enroll My Dependents?

Eligible dependents must be enrolled within 31 days of the date the dependents become eligible (enrollment date of covered person's Member, birth or adoption).

7-When does Coverage End?

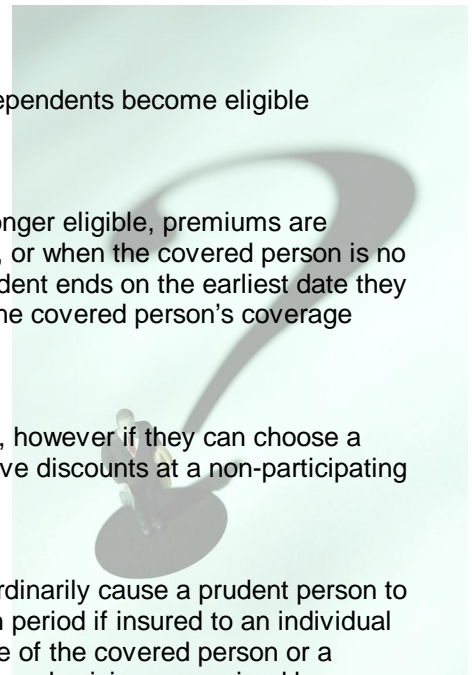
A covered person's coverage ends when the covered person's is no longer eligible, premiums are discontinued (subject to the grace period), when the policy terminates, or when the covered person is no longer in good standing, whichever occurs first. Coverage on a dependent ends on the earliest date they no longer meet the definition of an eligible dependent or on the date the covered person's coverage terminates, whichever occurs first.

8-Can Covered Person's Use Any Hospital, Doctor or Pharmacy?

A covered person can use any Hospital, Doctor or Pharmacy they like, however if they can choose a Discount Network to enhance their discount abilities they will not receive discounts at a non-participating provider.

9-What is a Pre-Existing Condition?

The existence of symptoms or treatment of a condition which would ordinarily cause a prudent person to seek diagnosis, care or treatment within the 12 month period (6 month period if insured to an individual age 65 years of age or older) precluding the effective date of coverage of the covered person or a condition for which medical advice or treatment was recommended by a physician or received by a physician within a 12 month period (6 month period if insured to an individual 65 years of age or older) preceding the effective date of coverage of the covered person.



CROSSAMERICA HEALTH PLANS

Commonly Asked Questions Conditions:

10-Is CrossAmerica Health Plans or Crosswalk Holdings, Inc. an insurance carrier?

No. CrossAmerica Health Plans not Crosswalk Holdings, Inc. are not an insurance carrier, however we work with insurance carriers to develop and implement Limited Benefit Programs for clients across the United States. Our mission is to develop the next generation of medical plans that are affordable , easy to use and available to all hard working Americans.

11- Insurance Carrier and Limits

These are Limited Benefit Plans underwritten by American Medical Life Insurance carrier and may not extend coverage for medical expenses for an illness or injury once the maximum plan payment limits per Covered Person are reached.

