

2008 Summary of Benefits

COVERED SERVICE	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible (All coinsurance amounts will be paid only after the deductible has been satisfied. Copays are not subject to the deductible.) Single/Sponsor (two person coverage)/Family	None/None/None	\$1,500/\$2,500/\$2,500
Annual Out-of-Pocket Maximum Single/Sponsor (two person coverage)/Family	None/None/None	\$4,000/\$6,000/\$6,000
Health Maintenance & Preventive Service (Subject to nationally recommended guidelines based upon age, sex, and health status.)	Per member, per visit**	Per member, per visit**
Routine Adult Physical	\$15	You pay 40%
Routine Gynecological Examination (twice a year)	\$15	You pay 40%
Well Child Visit including Immunizations and Vaccinations (through age 18)	No copay	You pay 40%
Adult Immunizations & Vaccinations	\$15	You pay 40%
Routine Eye Exam (1 visit per member per calendar year)*	\$15	You pay 40%
Mammography	\$15	You pay 40%
Doctors & Other Health Professional Services		
Physician Office Visit	\$15	You pay 40%
Inpatient and Outpatient Professional Services	No copay	You pay 40%
Allergy Testing/Evaluation/Injections	\$15	You pay 40%
Acupuncture Services (10 visits per member per calendar year)*	You pay 50%	You pay 50%
Chiropractic Services	\$15	You pay 40%
After hours Physician Office Visit (any age)	\$15	You pay 40%
Emergency Care, Urgent Care, and Ambulance		
Hospital Emergency Room Visit (copay waived if followed by hospitalization)	\$50	\$50
Urgent Care Center	\$15	\$15
Ambulance Services (copay waived if followed by hospitalization)	No copay	No copay
Hospital Services and Skilled Services		
Inpatient Hospital Admission	No copay	You pay 40%
Outpatient/Ambulatory procedure	No copay	You pay 40%
Maternity & Family Planning Services		
Pre/Post Natal Care	No copay	You pay 40%
Delivery/Nursery	No copay	You pay 40%
Maternity Radiology & Tests (e.g., ultrasound & amniocentesis)	No copay	You pay 40%
Laboratory and X-ray Services not in a physician office		
Radiology Services (including pre-admission testing)	No copay	You pay 40%
Diagnostic Lab Tests (including pre-admission testing)	No copay	You pay 40%
Mental Health and Chemical Abuse/Chemical Dependence Services*		
Mental Health Inpatient Admission (30 days per calendar year)	No copay	You pay 40%
Mental Health Outpatient Visit (40 visits per calendar year)	\$15	You pay 40%
Chemical Abuse Inpatient Detoxification (7 days per calendar year)	No copay	You pay 40%
Chemical Abuse Outpatient Visit (60 visits per calendar year)	\$15	You pay 40%

These benefits may be changed by a Rider. If any Rider affects your health plan, the change will be shown on a separate sheet included with this Summary of Benefits.

*Amounts a member pays after exceeding the annual days/visits/dollar amounts per year limit do not count toward deductible or out-of-pocket maximum.

**Unless otherwise indicated.

Note: All coinsurance amounts are paid only after the deductible is met. A covered benefit that requires a copay is not subject to the deductible. All day and visit limits are combined in and out of network. There is a separate annual deductible and Out-of-pocket maximum for the In-network benefits and the Out-of-network benefits. The In-network deductible will apply to only the In-network Out-of-pocket maximum, and does not carry over to satisfy the Out-of-network deductible or Out-of-network Out-of-pocket maximum. The Out-of-network deductible will apply both to the Out-of-network Out-of-pocket maximum and the In-network Out-of-pocket maximum and does carry over to satisfy the In-network deductible or the In-network Out-of-pocket maximum. Drugs and supplies do not apply toward the OOP Max except for Diabetic and Home Health Care drugs and supplies.

Unless expressly indicated in the Plan Certificate, all non-medically necessary services are not covered. Exclusions & non-covered services include such services as cosmetic services (unless medically necessary), custodial care, routine dental care, experimental & investigational treatments (unless recommended by external review), and services provided in conjunction with a non-covered service, among others. Certain procedures require the member to receive prior authorization. For benefit details or a complete listing of exclusions, non-covered services and procedures requiring prior authorization, refer to the Plan Certificate (and Riders, if applicable). This Summary of Benefits is intended to provide a general outline of coverage. In the event of any conflict between this document and the Plan Certificate and any pertinent Rider(s), your Plan Certificate and Riders will be controlling. For details, please contact USdirect Member Services at (888) 851-8030.

Here's How it Works

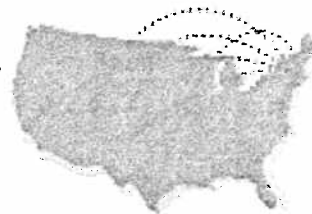
Welcome to a new generation of health plans - built around the way you live your life. Each comes with unique features and valuable tools. All from a company known for great customer service. Truly dedicated to helping you take on life and live well.

All new USdirect PPO options come with these advantages:

- You can see any provider in-network with no referrals
- Comprehensive coverage - from preventive and sick care to emergency
- Great service for you and your family...the answers, expert guidance and personal support you need

New National Network - including doctors and hospitals nationwide

All new PPO options include the Preferred Care provider network, offering seamless access to top doctors, specialists and hospitals across the region and across the country - everywhere you work, live and travel. The network includes more than 500,000 doctors and specialists in our national provider network.



New Wellness Services

USdirect PPO offers the exciting features of our new Wellness Suite-at no additional cost. The suite offers:

- *WebMD HealthDollar Rewardssm* - online tools and incentives to help you achieve your personal health goals...earn up to \$300 per subscriber per year for healthy activities, plus members-only access to WebMD
- *Work Well, Live Wellsm* - bringing online health tools and educational information to your workplace
- *"Healthy Discount" Coupons* - exclusive savings at a variety of local and national businesses and events
- *Personal Care Advocacy* - a Registered Nurse assigned to each member - your "guide on the inside," answering all your health care and coverage questions

Additional Features

- Reach Preferred Care Member Services 7 days a week from 7 a.m. to 8 p.m., **(585) 325-3113 or (800) 950-3224**. **TTY users may call (585) 325-2629 or (800) 252-2452.**
- Our innovative Web site offers many convenient features - **www.preferredcare.org**:
 - Ask a question about coverage
 - Check claim status, eligibility and benefits
 - Change your address
 - Order ID Cards
- ...and more!

Web Tools and Services

To help you make informed healthcare decisions - find these tools under Health and Wellness at **www.preferredcare.org**

- Online health library - powered by Healthwise Knowledgebase[®]
- Hospital quality comparison tool
- Hospital quality profile
- Prescription drug cost comparison tool
- Wide range of disease and care management programs