

EXCLUSIONS CONTINUED ...

- Confinement or other treatment for dental or vision care not related to an accidental injury
 - Confinement or other treatment for mental or nervous disorders
 - Confinement or other treatment for alcoholism, drug addiction or complications thereof
 - Any hospital confinement or other treatment for injury or sickness for which compensation is payable under any Worker's Compensation Law, any Occupational Disease Law, or similar legislation
 - Any hospital confinement or other treatment for injury or sickness that is payable under any insurance that does not require deductible and/or coinsurance payments by the insured person
 - Any hospital confinement or other treatment for injury or sickness for which benefits are not payable under the insured person's major medical plan
 - Any hospital confinement or other 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 plan
 - 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
 - Prescription drugs
 - Durable medical equipment, unless dispensed in a hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment
 - Well newborn care, whether inpatient or outpatient
 - Wellness or preventive care
- > Benefits and exclusions may vary by state

ELIGIBILITY

Any employee working 20 or more hours per week is eligible for coverage.

RESTRICTED INDUSTRIES

Professional Employer Organizations (PEO's) are subject to prior carrier approval.

EFFECTIVE DATE

Employees will not be covered until the application has been accepted and the premium has been paid. All insureds will be effective on the 1st day of the month.

Enrollment follows those guidelines established for enrollment in the underlying group major medical plan.

CLAIM SUBMISSIONS

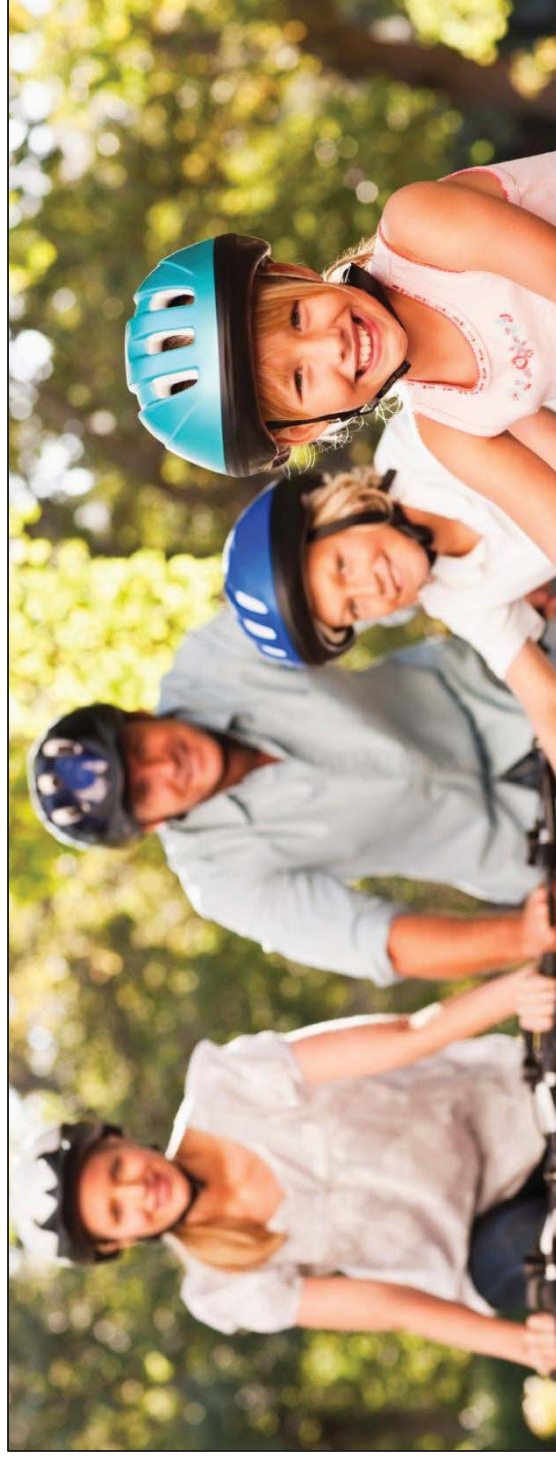
To claim benefits the insured person must submit a claim form (only one per calendar year is required), and either the insured person or provider must submit copies of the fully itemized bills and copies of the EOB's

EXCLUSIONS

Benefits will not be paid for losses caused by or resulting from any one or more of the following:

- Declared or undeclared war or any act thereof
- Suicide or intentionally self-inflicted injury or any attempt thereof, while sane or insane (while sane, in Colorado and Missouri)
- Any hospital confinement or other treatment for injury or sickness while an insured person is in the service of the armed forces of any country
- Confinement in a hospital or other treatment 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
- Confinement or other treatment for injury or sickness which is not medically necessary

Crescent Total Health Solutions is a supplemental medical expense policy that covers portions of the expenses employees incur due to treatment of injuries and illnesses under their major medical plan as a result of deductibles/coinsurance. The benefits provided help employees deal with the burden brought on by high out of pocket expenses. Implementing Crescent Total Health Solutions is an innovative and creative approach to employee benefits that can benefit employers and employees. An underlying major medical plan is required. **This product does not pay 100% of out-of-pocket expenses.**



BASIC PRODUCT FEATURES

- Expenses must be covered by the insured's major medical plan for benefits to be paid under this product.
- Provides coverage for medically necessary eligible out-of-pocket expenses related to the insured's major medical plan's co-insurance and deductibles up to the maximum benefit selected, provided such expenses are the result of treatment for an injury or sickness.
- Includes a range of benefit maximums available to allow plan designs that correspond with the insured's major medical plan's out-of-pocket expenses.
- Basic product benefits are for in-hospital charges only, including emergency room treatment for an injury or for a sickness, if the sickness results in a hospital confinement within 24 hours. Optional coverages include outpatient treatment, physician office visits, and Term Life/AD&D.
- Uses itemized bills and primary major medical plan's EOB (explanation of benefits) as a basis for determining what is covered.

Form # CTHS GP 1.00 The Crescent Total Health Solutions Plans and Life/AD&D plans are underwritten by Companion Life Insurance Company, Columbia, SC, under Policy Number GAPP-4200 and GAPP-ADR - 4200. The plan is administered by Special Insurance Service, Inc., Dallas, TX.

UNDERWRITTEN BY



Companion Life Insurance Company
Columbia, South Carolina

ADMINISTERED BY



Special Insurance Services, Inc.
Dallas, Texas

FOR INFORMATION CONTACT

Crescent Total Health Solutions
803-782-5988
crescent@resolutionre.com

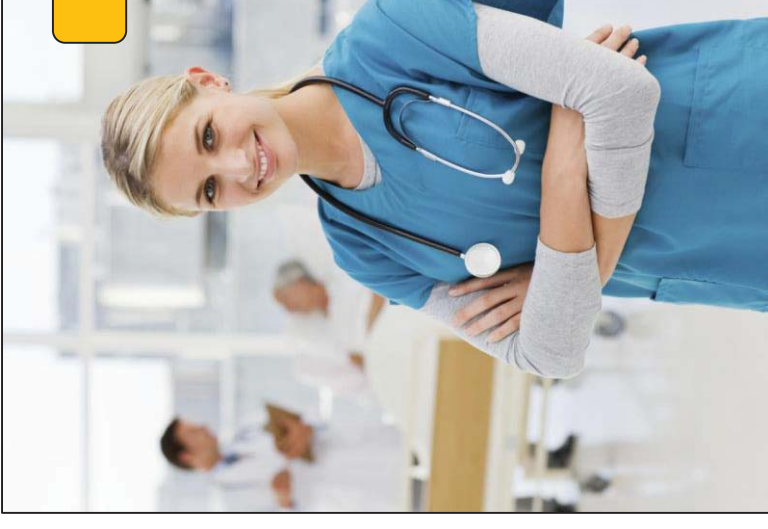


INPATIENT HOSPITAL BENEFIT

Benefit Amount Options: \$500 to \$10,000 per covered person per calendar year/benefit year

BENEFITS INCLUDE

- Coverage for out-of-pocket expenses due to an inpatient hospital confinement
- Coverage for inpatient hospital stays, inpatient surgeries, and physician's in-hospital charges for eligible out-of-pocket expenses resulting from the treatment of an injury or sickness
- Coverage for out-of-pocket expenses due to emergency room treatment for an injury or sickness (ER treatment is covered under the Inpatient Hospital Benefit only if coverage is NOT purchased with the Outpatient Benefit



OUTPATIENT BENEFIT

Outpatient benefits may include, but are not limited to:

- Hospital emergency room treatment of injury or sickness
- Outpatient surgery in an outpatient surgical facility, emergency facility or physician's office
- Diagnostic testing including, but not limited to, x-rays, diagnostic lab, MRI's, and CT scans
- Outpatient radiation therapy or chemotherapy
- Physical therapy or chiropractic care
- Durable medical equipment if dispensed to the insured person in a hospital or provider's office. DME is otherwise not covered.

The Outpatient Benefit does not cover a physician's office visit charge. In order to have this type of charge covered, the Physician Benefit would need to be purchased as part of the Policy.

The benefit amount should coincide with the deductibles/copays/coinsurance established under the major medical plan. Maximum inpatient benefit level should not exceed the total amount of the individual in-network deductible and coinsurance maximum under the major medical plan.

Routine newborn nursery care and well-baby care is not a covered expense.

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, otherwise it would apply to the Outpatient Benefit (if included).

Hospital Confinements due to pregnancy are covered for insured employees and their insured spouses, if payable under the major medical plan. Pregnancy (except for complications of pregnancy) is not covered for dependent children, unless required by state law.

Illustrative In-Hospital Claim Scenario

Baby Delivery Three Days in Hospital
Major Medical Deductible = \$3,500
Coinsurance = 80%
Crescent THS Hospital Benefit = \$3,500

CLAIM EXAMPLES

Covered Claim Amount	\$8,700
Deductible	\$3,500
Co-Insurance	\$1,000
Total Out of Pocket	\$4,500

SUPPLEMENTAL INSURANCE

Supp. Plan Paid Provider	\$3,500
Employee Paid Provider	\$1,000

Available benefit limits range from a minimum of \$250 to a maximum of \$4,000, provided the maximum benefit selected is not greater than 70% of the amount of Inpatient Hospital Benefit selected.

The Outpatient II benefit pays on a "per person per calendar year" or benefit year basis, with a family maximum limit of two (2) times the "per person" limit. This maximum applies to the entire family unit, regardless of the number of covered persons within the family unit, however, the benefit payable for no one person within the family unit can exceed the "per person" limit.

Illustrative Outpatient Claim Scenario

MRI Imaging Facility
Major Medical Deductible = \$3,500
Coinsurance = 80%
Crescent THS Hospital Benefit = \$2,000

CLAIM EXAMPLES

Covered Claim Amount	\$1,100
Deductible	\$1,100
Co-Insurance	\$0
Total Out of Pocket	\$1,100

SUPPLEMENTAL INSURANCE

Supp. Plan Paid Provider	\$1,100
Employee Paid Provider	\$0