

II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	\$100 \$200	\$100 \$200
Co-insurance After Deductible	20%	20%
Lifetime Maximum (Amount payable per eligible individual, includes all benefits paid for covered hospital and medical expenses)	Unlimited	
Out-of-Pocket Maximum (Benefits are payable 100% when covered expenses exceed \$2,000 in any calendar year) Individual	\$400	
Physician Office Visits	20% co-insurance, after deductible	20% co-insurance, after deductible
Hospital Daily Hospital Room and Board, Semi Private and other allowable expenses	20% co-insurance, after deductible	20% co-insurance, after deductible
Ambulance	20% co-insurance, after deductible	20% co-insurance, after deductible
Emergency Care		
Hospital ER	20% co-insurance, after deductible	20% co-insurance, after deductible
Urgent Care Center	20% co-insurance, after deductible	20% co-insurance, after deductible
Mental and Nervous Expense		
Inpatient	20% co-insurance, after deductible	20% co-insurance, after deductible
Outpatient	20% co-insurance, after deductible	20% co-insurance, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Alcohol and Substance Abuse (As medically certified)		
Inpatient	20% co-insurance, after deductible	20% co-insurance, after deductible
Outpatient	20% co-insurance, after deductible	20% co-insurance, after deductible
Laboratory Services		
Magna Preferred Provider	No Charge	20% co-insurance, after deductible
All Other Providers	20% co-insurance, after deductible	20% co-insurance, after deductible
Home Health (Nursing) Care	20% co-insurance, after deductible	20% co-insurance, after deductible
Durable Medical Equipment (Total rental not to exceed purchase price.)	20% co-insurance, after deductible	20% co-insurance, after deductible
Cardiac Rehabilitation	20% co-insurance, after deductible	20% co-insurance, after deductible
Physical Therapy	20% co-insurance, after deductible	20% co-insurance, after deductible
Chiropractic	20% co-insurance, after deductible	20% co-insurance, after deductible

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network (No Deductibles)	Out-of-Network (With Deductible)
Retail 30-Day Supply		
Generic Drugs	10% co-insurance	20% co-insurance
Brand Name Drugs	10% co-insurance	20% co-insurance
Non – Preferred Brand Name Drugs	10% co-insurance	20% co-insurance
Mail Order 90-Day Supply		
Generic Drugs	10% co-insurance	Not Covered
Brand Name Drugs	10% co-insurance	Not Covered
Non – Preferred Brand Name Drugs	10% co-insurance	Not Covered

SHORT TERM DISABILITY

Benefits payable the 1st day of an accident, 8th day of a sickness, for 26 weeks
 Weeks 1-26 2/3 of average salary
 For the year 2015, up to a weekly maximum of \$604
 For the year 2016, up to a weekly maximum of \$615

EMPLOYEE DEATH BENEFIT

Active Employee \$10,000
 Temporary absent by direct payment \$10,000
 Monthly direct payment amount \$19.70

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

For loss of:

Life \$10,000
 Both Hands or Both Feet \$10,000
 Entire Sight of Both Eyes \$10,000
 One Hand and One Foot \$10,000
 One Hand or One Foot or Entire Sight of One Eye \$5,000
 One Hand or One Foot \$5,000

Maximum benefit per occurrence is \$10,000