II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
Calendar Year Deductible	None	Not Covered
Lifetime Maximum (Amount payable per eligible individual, includes all benefits paid for covered hospital, medical and prescription benefits)	Unlimited	
Physician Office Visits and Other Eligible Office Expenses		
Non Specialist	$5 copay	Not Covered
Specialist	$15 copay	Not Covered
Ambulance	20% co-insurance	Not Covered
Emergency Care (No copay if admitted from ER)		
Hospital ER	$25 copay	Not Covered
Urgent Care Center	$15 copay	Not Covered
Hospital Pre-Certification Penalty	50% of benefits up to a maximum of $5,000	
Hospital Daily Hospital Room and Board, Semi Private and other allowable expenses	No Charge	Not Covered
Laboratory Services	No Charge	Not Covered
Mental Health		
Inpatient	No Charge	Not Covered
Outpatient	$15 copay	Not Covered
Alcohol & Substance Abuse		
Inpatient	No Charge	Not Covered
Outpatient	No Charge	Not Covered
Durable Medical Equipment (Total rental not to exceed purchase price.)	20% co-insurance	Not Covered

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
External Prosthetic Devices -Wigs, toupees or hair pieces (Limited up to 2 per diagnosis/course of treatment. Does not cover for the diagnosis of androgenic alopecia- male pattern baldness)	20% coinsurance, after deductible, and any amount over $350 maximum	Not Covered
Home Health (Nursing) Care (As medically necessary)	$10 copay	Not Covered
Cardiac Rehabilitation	20% co-insurance	Not Covered
Physical Therapy (3 times a week for 6 consecutive weeks per condition)	$10 copay	Not Covered
Chiropractic (12 visits per calendar year)	$10 copay	Not Covered

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
Retail 30-Day Supply		
Generic	$5 copay	Not Covered
Brand Name	$15 copay	Not Covered
Non-Preferred Brand Name	$25 copay	Not Covered
Mail Order 90-Day Supply		
Generic	$5 copay	Not Covered
Brand Name	$15 copay	Not Covered
Non-Preferred Brand	$25 copay	Not Covered

SHORT TERM DISABILITY BENEFITS

Benefits payable the 1st day of an accident, 8th day of a sickness, for 26 weeks $250

DEATH BENEFITS

Active Employee Only $40,000

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

For loss of:

Life	$5,000.00
Both Hands or Both Feet	$5,000.00
Entire Sight of Both Eyes	$5,000.00
One Hand and One Foot	$5,000.00
One Hand or One Foot or Entire Sight of One Eye	$2,500.00
One Hand or One Foot	$2,500.00

Maximum benefit per occurrence is..... $5,000.00

COORDINATION OF BENEFITS

There is no Coordination of Benefits provision for benefits provided through this Plan.