

II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$100	\$100
Family	\$200	\$200
Co-insurance After Deductible	20%	20%
Lifetime Maximum (Amount payable per eligible individual, includes all benefits paid for covered hospital, medical and prescription benefits)	Unlimited	
Out-of-Pocket Maximum (Benefits are payable 100% when covered expensed exceed \$2,000 in any calendar year)		
Individual	\$400	\$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
Laboratory Services		
Magna Preferred Lab	No Charge	20% co-insurance, after deductible
Any other laboratory services	20% co-insurance, after deductible	20% co-insurance, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Outpatient Surgical Facility	20% co-insurance, after deductible	20% co-insurance, after deductible
Mental Health		
Inpatient	20% co-insurance, after deductible	20% co-insurance, after deductible
Outpatient	20% co-insurance, after deductible	20% co-insurance, after deductible
Alcohol & Substance Abuse		
Inpatient	20% co-insurance, after deductible	20% co-insurance, after deductible
Outpatient	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
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)	30% coinsurance, after deductible, and any amount over \$350 maximum	50% coinsurance, after deductible, and any amount over \$350 maximum
Cardiac Rehabilitation	20% co-insurance, after deductible	20% co-insurance, after deductible
Home Health (Nursing) Care	20% co-insurance, after deductible	20% co-insurance, after deductible
Skilled Nursing Facility	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	Out-of-Network
Retail 30-Day Supply		
Generic	20% co-insurance, after deductible	20% co-insurance, after deductible
Brand Name	20% co-insurance, after deductible	20% co-insurance, after deductible
Non-Preferred Brand Name	20% co-insurance, after deductible	20% co-insurance, after deductible
Mail Order 90- Day Supply		
Generic	20% co-insurance, after deductible	Not Covered
Brand Name	20% co-insurance, after deductible	Not Covered
Non-Preferred Brand Name	20% co-insurance, after deductible	Not Covered

SHORT TERM DISABILITY

Benefits payable the 1st day of an accident, 8th day of a sickness, for 26 weeks
 Weeks 1-26 \$170

EMPLOYEE DEATH BENEFIT

Active Employee \$33,500

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