

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 and medical expenses)	Unlimited	
Out-of-Pocket Maximum (Benefits are payable 100% when covered expenses exceed \$2,000 in any calendar year)	\$400	
Individual		
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
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
Employee Death/AD&D Benefit	\$10,000		
Short Term Disability	Benefits payable the 1 st day of an accident, 8 th day of a sickness, for 26 weeks up to a weekly maximum of \$615		

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