II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF THE ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
Calendar Year Deductible Individual Family	 $3,300 $6,600	 $3,300 $6,600
Coinsurance After Deductible	No Charge	No Charge
Lifetime Maximum (Amount payable per eligible individual, includes all benefits paid for covered hospital, medical and prescription benefits)	Unlimited	
Out-of-Pocket Maximum (Includes deductible) Individual Family	 $3,300 $6,600	 $3,300 $6,600
Physician Office Visits Non-Specialist	No Charge, after deductible	No Charge, after deductible
Specialist (Includes cardiologists, psychiatrist, dermatologists, podiatrists, etc.)	No Charge, after deductible	No Charge, after deductible
Telehealth Platform, Powered by Teladoc™ (No member out-of-pocket, unlimited utilization) You may call if you have account questions or need assistance with creating an account at: 1-800-835-2362 (Teladoc)	$0 copay	
Preventive Services/ Immunizations	No Charge	Not Covered
Women's Pelvic Health through The Fund's partner Bloom (No member out-of-pocket, unlimited utilization) You may obtain information on their website at: https://join.hibloom.com	$0 copay	

SUMMARY OF BENEFITS	YOUR SHARE OF THE ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
Ambulance	No Charge, after deductible	No Charge, after deductible
Outpatient Emergency Services	No Charge, after deductible	No Charge, after deductible
Hospital Pre-Certification Penalty	$250	
Hospital Daily Hospital Room and Board, Semi Private and other allowable expenses • Inpatient	No Charge, after deductible	No Charge, after deductible
• Outpatient	No Charge, after deductible	No Charge, after deductible
Diagnostic Test (X-rays and blood tests)	No Charge, after deductible	No Charge, after deductible
Imaging Services (CT and MRI scans require prior authorization)	No Charge, after deductible	No Charge, after deductible
Organ Transplants	No Charge, after deductible	Not Covered
Dental Anesthesia and outpatient hospital charges for children under age 5, severely disabled, or has a medical condition requiring hospitalization or general anesthesia for dental treatment	No Charge, after deductible	No Charge, after deductible
Maternity Care Services • Office visits	No Charge, after deductible	No Charge, after deductible
• Inpatient	No Charge	No Charge, after deductible
• Outpatient	No Charge	No Charge, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF THE ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
• Childbirth/ professional delivery services (Obstetrician, surgeon, etc.)	No Charge	No Charge
• Childbirth/ delivery facility services (Hospital, childbirth center, etc.) Prior Authorization is required	No Charge	No Charge
Mental Health • Inpatient	No Charge, after deductible	No Charge, after deductible
• Teledoc™	$0 Copay	
• Outpatient	No Charge, after deductible	No Charge, after deductible
Substance Abuse • Inpatient	No Charge, after deductible	No Charge, after deductible
• Teledoc™	$0 Copay	
• Outpatient	No Charge, after deductible	No Charge, after deductible
Cancer Navigator Services (No member out-of-pocket) You may reach an Oncology Nurse Navigator at: 201-308-6555 (8am -6pm ET, M-F)	$0 copay	
Hospice Care ($5,000 lifetime maximum)	No Charge, after deductible	No Charge, after deductible
Skilled Nursing Facility (60 days calendar year maximum)	No Charge, after deductible	No Charge, after deductible
Home Health Care (100 visit maximum per calendar year)	No Charge, after deductible	No Charge, after deductible
Durable Medical Equipment (Total rental not to exceed purchase price. Includes: corrective lenses for aphakia)	No Charge, after deductible	No Charge, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF THE 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 androgenetic alopecia- male pattern baldness. Limited to a maximum benefit of $350.)	No Charge, after deductible	No Charge, after deductible
Physical, Occupational, Speech Therapy	No Charge, after deductible	No Charge, after deductible
Virtual Physical Therapy (No member out-of-pocket, unlimited utilization) You may obtain information on their website at: **https://meet.swordhealth.com/ufcwnational**	$0 copay	
Chiropractic	No Charge, after deductible	No Charge, after deductible

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF THE ELIGIBLE EXPENSE	
	In-Network **(After the deductible)**	**Out-of-Network** **(After the deductible)**
Retail 30-Day Supply		
Generic	No Charge	No Charge
Preferred Brand Formulary	No Charge	No Charge
Non-Preferred Brand	No Charge	No Charge
Retail 90-Day Supply ***(Maintenance Drugs used for long term use/ chronic condition)***		
Generic	No Charge	Not Covered
Preferred Brand Formulary	No Charge	Not Covered
Non-Preferred Brand	No Charge	Not Covered

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF THE ELIGIBLE EXPENSE	
	In-Network **(After the deductible)**	**Out-of-Network** **(After the deductible)**
Mail Order 30-Day Supply Only **Specialty Drugs** (Requires prior authorization)	No Charge	No Charge
Mail Order 90-Day Supply		
Generic	No Charge	No Charge
Brand Formulary	No Charge	No Charge
Non-Preferred Brand	No Charge	No Charge

Prescription Drug Benefits
Provided by EmpiRx Health: Call 1-877-241-7123 for Member Services

You may also obtain information on their website at www.empirxhealth.com