

II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	\$5,000 \$10,000	\$10,000 \$30,000
Coinsurance After Deductible	20%	50%
Lifetime Maximum (Amount payable per eligible individual, includes all benefits paid for covered hospital, medical and prescription benefits)	Unlimited	
Out-of-Pocket Maximum Individual Family	\$6,600 \$13,200	\$13,200 \$39,600
Physician Office Visits Primary Care Physician	No Cost for the first 3 visits. After first 3 visits, 20% co-insurance, after deductible	50% co-insurance, after deductible
Specialist (Includes cardiologists, psychiatrists, dermatologists, podiatrist, etc.)	20% co-insurance, after deductible	50% co-insurance, 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	

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Preventative Care (One exam per year for adults. Includes Physical Exams, Mammography, etc.)	No Charge	50% co-insurance, after deductible
Well Child Care/ Immunization	No Charge	50% co-insurance, after deductible
Well Women Care	No Charge	50% co-insurance, after deductible
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	
Infertility Treatment	Not Covered	Not Covered
Diagnostic Tests (X-rays and blood tests)	20% coinsurance, after deductible	50% coinsurance, after deductible
Imaging Services (CT and MRI scans require prior authorization)	20% co-insurance, after deductible	50% co-insurance, after deductible
Ambulance	20% co-insurance, after deductible	20% co-insurance, after deductible
Emergency Room	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	50% co-insurance, after deductible
Pregnancy & Maternity	20% co-insurance, after deductible	50% co-insurance, after deductible
Breast Pump (Limited to a maximum benefit of \$250)	No Charge	50% coinsurance, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Mental, Nervous and Substance Abuse Expense		
Inpatient	20% co-insurance, after deductible	50% co-insurance, after deductible
Teladoc™	\$0 Copay	
Outpatient	20% co-insurance, after deductible	50% co-insurance, after deductible
Outpatient X-ray and Laboratory	20% co-insurance, after deductible	50% co-insurance, after deductible
Outpatient Surgery	20% co-insurance, after deductible	50% co-insurance, 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	
Skilled Nursing Facility (Limited up to 100 facility days per calendar year.)	20% co-insurance, after deductible	50% co-insurance, after deductible
Home Health Care (Limited up to 100 days per calendar year)	20% co-insurance, after deductible	50% co-insurance, after deductible
Durable Medical Equipment & Prosthetics (As medically necessary. Total rental not to exceed purchase price)	20% co-insurance, after deductible	50% 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 androgenetic alopecia- male pattern baldness. Limited to a maximum benefit of \$350.)	20% coinsurance, after deductible	50% coinsurance, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Physical Therapy (Includes chiropractic)	20% co-insurance, after deductible	50% co-insurance, 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	
Speech & Occupational Therapy	20% co-insurance, after deductible	50% co-insurance, after deductible

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Retail 30-Day Supply		
Generic Drugs	20% co-insurance, after deductible	Not Covered
Formulary Brand Drugs	20% co-insurance, after deductible	Not Covered
Non-Formulary Brand Drugs	20% co-insurance, after deductible	Not Covered
Mail Order 30-Day Supply		
Specialty Drugs (Requires prior authorization)	20% co-insurance, after deductible	Not Covered
Mail Order 90-Day Supply		
Generic Drugs	20% co-insurance, after deductible	Not Covered
Formulary Brand Drugs	20% co-insurance, after deductible	Not Covered
Non-Formulary Brand Drugs	20% co-insurance, after deductible	Not Covered

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