

**SCHEDULE OF BENEFITS**

**BENEFITS**

<b>Death Benefits, Loss of Two Limbs and Accidental Death and Dismemberment:</b> Under Age 65 Age 65-69 Age 70 & Over	\$ 10,000 \$ 6,500 \$ 5,000	
<b>Loss of Limb:</b> Under Age 65 Age 65-69 Age 70 & Over	\$ 5,000 \$ 3,250 \$ 2,500	
<b>Short Term Disability</b>	\$500 per week for 26 weeks	
<b>Long Term Disability (Transitional)</b>  (two years disabled own occupation for the next three years, after five years must be unable to perform two daily living activities)	\$100 minimum/\$1,800 maximum per month	
<b>Medical Benefits</b>	<b><u>PPO</u></b> <b><u>NON-PPO</u></b>	
Major Medical Calendar Year Deductible (PPO charges and NON-PPO charges applied separately to satisfy deductible) Individual Family	\$ 500 \$ 1,500	\$ 500 \$ 1,500
Co-Pay Amount PPO Covered Charges NON-PPO Covered Charges	<b><u>Plan Pays</u></b> 90% 70%	<b><u>Participant Pays</u></b> 10% 30%
Medical Maximum Out of Pocket Expense Per Calendar Year (After Calendar Year Deductible) PPO Covered Charges NON-PPO Covered Charges	<b><u>Individual</u></b> \$ 1,000 \$ 3,000	<b><u>Family</u></b> \$ 3,000 \$ 9,000
	<b><u>Subject to Deductible and Co-pay</u></b>	
	<b><u>PPO</u></b>	<b><u>NON-PPO</u></b>
Outpatient Hospital Benefits	90%	70%
Inpatient Hospital (must be pre-certified)	90%	70%
Skilled Nursing (60 days maximum per confinement)	90%	70%
Surgery (precertification required)	90%	70%
Anesthesia (subject to Usual and Customary Fee)	90%	70%
Emergency Room	90%	90%
Urgent Care	90%	70%
Oral Surgery - see page 17 for list of approved surgeries	90%	70%
Diagnostic X-Ray and Laboratory	90%	70%
Imaging (CT/PET scans, MRIs)	90%	70%
Physical, Occupational and Speech Therapy	90%	70%

	<b>Subject to Deductible and Co-pay</b>	
	<b>PPO</b>	<b>NON-PPO</b>
Doctors Inpatient, Outpatient, Office Visits	90%	70%
Prenatal Care, Postnatal Care and Delivery Services	90%	70%
Certified Nurse Midwife	90%	70%
Home Health Care (limited to four hours/day)	90%	70%
Rehabilitation Services (limitations apply)	90%	70%
Orthotics (to \$10,000)**	90%	70%
**Orthotics after \$10,000 threshold	50%	50%
Orthotics (\$500 maximum per five years for excluded diagnosis)	90%	70%
Durable Medical Equipment (prior approval required)	90%	70%
Hospice Care (life expectancy of six months)	90%	70%
Inpatient M/N and Substance Abuse Counseling	90%	70%
Outpatient M/N and Substance Abuse Counseling	90%	70%
Ambulance (Ground and Air)	90%	90%
Chiropractic Benefits (30 visits per person, per calendar year (back related adjustments only; must be over age 10)		
Initial Visit	90%	70%
Manipulation - one per visit, per person	90%	70%
Therapy only - one per visit, per person	90%	70%
Diagnostic X-rays (one per person per calendar year)	90%	70%
Transplants (Cornea, Kidney/Pancreas, Liver, Autologous or Allogenic Bone Marrow, Kidney, Heart, or a Heart/Lung Human to Human) <b>(must be performed at an Anthem Transplant Network Facility)</b>	90%	0%
Gastric Bypass Surgery (prior approval required, subject to Usual and Customary Fee)	One procedure per lifetime	
Prosthetic Devices	One device per limb, per 60-month period, plus any adjustments	
Hearing Benefit	No deductible or co-pay Maximum of \$1,500 paid at 100% per person, per three calendar years	
Routine Physical Exams (including Routine Well Baby Check-ups and Immunizations and care visits per ACA guidelines, note the Plan pays for either a colonoscopy or a cologuard kit under the preventive care for participants over 50).	No deductible or co-pay	
PPO	100% paid, no maximum	
NON-PPO	Plan pays 100% up to \$450 maximum per person, per calendar year; after \$450, Plan pays 10%	
<b>--OR--</b>		
Health Dynamics: One Comprehensive Physical (Adult Participant and Spouse, no children)	100% paid, one visit per person, per calendar year	

Prescription	Drug	Expense
Sav-Rx (Prescription Card Service)		
	Generic	\$10 Participant Co-pay per fill of 30 days or \$15 Co-pay for 61-90 day fill
	Brand Name	\$50 Participant Co-pay per fill of 30 days or \$75 Copay for 61-90 day fill
	Diabetic Supplies and Insulin	Plan pays 80%, not subject to co-pay or Calendar Year Maximum
	Smoking Cessation Program	Maximum - Two 90-day supplies of stop smoking medications per calendar year if Physician prescribed - must follow tiers in smoking program
Specialty Drugs must be prior approved by Prescription Card Service or obtained through Plan's specialty medication pharmacy where Covered Drugs that have manufacturers coupons available, otherwise not covered by the Plan		After Plan pays \$10,000, Plan pays 50% per calendar year of PPO prescription drug costs up to prescription drug out-of-pocket maximum/does not apply to major medical out-of-pocket maximum
Maximum Out-of-Pocket Expense Per Calendar Year		Out-of-pocket maximum for Covered Drugs received from a PPO Provider is \$7,200 (individual) and \$12,900 (family) as adjusted each January 1 as permitted by federal law

#### OPTIONAL VISION BENEFITS

NOTE: For the Optional Vision Benefits listed below, individuals are considered Children through the end of the calendar year in which the individual reaches age 19

Vision Benefits (includes eye exam, lenses, frames, contact lenses, tinting, coatings, bi-focal, tri-focal, etc.) (must be by prescription) and Radial Keratotomy	
Adults	No deductible or co-pay; \$400 maximum per person, per calendar year
Eligible Children	One vision exam with refraction and one of the following choices: <ul style="list-style-type: none"> <li>• One set of standard lenses with scratch coating and a frame.</li> <li>• One set of non-disposable contact lenses per calendar year.</li> <li>• One-year supply of disposable contact lenses per calendar year.</li> </ul>