

**SCHEDULE OF BENEFITS
OPTION 3
MEDICAL BENEFITS**

DEDUCTIBLE, PER CALENDAR YEAR		
Per Person	\$500 ¹	
Per Family Unit	\$1,500 ²	
MAXIMUM OUT-OF-POCKET AMOUNT PER CALENDAR YEAR	PPO Provider	Non-PPO Provider
Per Person (including deductible)	\$1,000	\$2,000
Per Family Unit (including deductible)	\$3,000	\$6,000
The Preferred Provider and Non-Preferred Out of Pocket Maximums are calculated on a separate basis.		
The Plan will pay the designated percentage of covered charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of covered charges for the rest of the calendar year.		
The following do not track to your out-of-pocket limit:		
<ul style="list-style-type: none"> - Co-pays - Outpatient Mental Illness/Substance Abuse - Plan Exclusions 		
LIFETIME MAXIMUM	\$2,000,000	
COVERED SERVICES	PPO Provider	Non-PPO Provider
Well Adult Care (Age 16+)	100% up to \$250 Maximum per calendar year	
Well Child Care (Newborn to 16)	Not Covered	
Hospital Services		
Room and Board (semi-private)	90%	70%
ICU or CCU	90%	70%
Other Inpatient	90%	70%
Outpatient Surgery & Diagnostic	90%	70%
Outpatient Pre-Admission Testing	90%	70%
Outpatient Emergency Room	\$75 co-pay 90%	\$75 co-pay 70%
Hospital Satellite Urgent Care Clinic	\$20 co-pay 100%	70%
Inpatient Rehabilitation Facility	90%	70%
Skilled Nursing Facility³	90%	70%
Physician Services		
Inpatient visits	90%	70%
Office visits (Exams Only)	\$20 co-pay 100%	70%
Labs, X-Rays	90%	70%
Office Surgery	90%	70%
Other Surgery	90%	70%
Second Surgical Opinions	90%	70%

¹ Per person deductible is \$250 prior to January 1, 2006.

² Per family deductible is \$500 prior to January 1, 2006.

³Skilled Nursing has 120 days per Sickness or Injury maximum.

Home Health Care⁴	90%	70%
Hospice Care	90%	70%
Oral Surgery	90%	70%
Private Duty Nursing⁵	90%	70%
TMJ	\$1,000 maximum per calendar year	
Ambulance Service	80%	
Occupational Therapy⁶	90%	70%
Speech Therapy⁶	90%	70%
Physical Therapy⁶	90%	70%
Respiratory Therapy⁶	90%	70%
Chiropractic Treatment	80% \$250 max per calendar year	
Durable Medical Equipment (\$3,000 lifetime max for Insulin Pump)	90%	70%
Prosthetics	90%	70%
Medical Supplies	90%	70%
Maternity	Same as any Sickness	
Birthing Center	90%	70%
Mental Illness/Substance Abuse		
Mental Illness: Office Visits and Outpatient Treatment ⁷	50% 30 days/visits in one calendar year	
Mental Illness: Inpatient Treatment ⁷	90% 30 days/visits in one calendar year	70% 30 days/visits in one calendar year
Substance Abuse: Office Visits and Outpatient Treatment ⁷	50% 30 days/visits in one calendar year	
Substance Abuse: Inpatient Treatment ⁷	90% 30 days/visits in one calendar year	70% 30 days/visits in one calendar year
Substance Abuse Inpatient Lifetime Treatment Maximum	\$25,000	
Organ Transplants	90%	70%
Gastric Bypass \$5,000 copay Lap Ban \$2,500 copay One type of procedure per lifetime to a Lifetime maximum of \$50,000.	90% no deductible	70% no deductible
Prescription Drug Program Benefits		
Co-payment Amount		
Pharmacy (30 day supply)		
Generic Drugs	\$10	
Formulary Drug	\$20	
Non-Formulary Drug	\$40	
Mail Order (90 day supply)		
Generic Drugs	\$15	
Brand Name	\$30	
Non-Formulary Drug	\$60	
All Other Covered Services	90%	70%
Utilization Review Penalty	\$1000	

⁴Home Health Care has 100 days/visit maximum per calendar year.

⁵Private Duty Nursing has a \$5,000 maximum per calendar year.

⁶Therapy has \$5,000 combined maximum per calendar year.

⁷Mental Illness/Substance Abuse In/Out Patients combined maximum.