

BILL WILLIAMS TIRE CENTER SCHEDULE OF MEDICAL BENEFITS

This schedule is provided as a convenience only and is not all-inclusive. Important information is contained in sections, “Medical Covered Expenses”, “Claim Review and Audit Program”, and “Exclusions and Limitations.” You may find the “Definitions” section helpful in understanding some of the italicized terms used throughout this *summary plan description*. In addition, the *Plan* has other requirements and provisions that may affect benefits, such as “Cost Containment Provisions,” and it is strongly recommended that you read the entire *summary plan description* to ensure a complete understanding of the *Plan* provisions. You may also contact the *claims administrator* or the *Plan Administrator* for assistance.

Lifetime Maximum Benefits

Any separate lifetime maximums are included in, and are not in addition to, the Lifetime Maximum for All Benefits, shown below. The following lifetime maximums apply to each *covered person*:

Lifetime Maximum Benefits for:	
Annual Maximum for All Benefits	unlimited

The plan year for this Plan is the calendar year from January 1 through December 31 each year.

Plan Year Maximum Benefits

Plan year maximum benefits will accumulate toward any applicable lifetime maximum limits.

Plan Year Maximum Benefits per Covered Person for:	
<i>Skilled Nursing Facility Care</i>	90 days
<i>Chiropractic Care</i>	\$500
Routine Foot Care – Non-surgical	\$2,000
Routine Mammogram Screening	1 exam
Second Surgical Opinion – Per Surgery	\$100
Organ Donor Expenses – Per Transplant	\$10,000

Deductible

	<i>PPO Network Providers and Non-PPO Network Providers</i>
<i>Plan Year Deductible</i>	
• Individual	\$3,000
• <i>Family Unit</i>	\$9,000

Percentage Payable and Out-of-Pocket Expense Limits

	<i>Hospital Facilities Ambulatory Surgery Centers Dialysis Facilities and PPO Network Providers</i>	<i>Non-PPO Network Providers</i>
Percentage Payable (unless otherwise stated)	60%	50%
<i>Out-of-Pocket Expense Limit</i>		
• Individual	\$6,850	\$10,000
• <i>Family Unit</i>	\$13,700	\$20,000

Certain types of expenses are not eligible to accumulate toward the *out-of-pocket expense limit*. Please refer to the section, “Your Costs”, for additional information.

Section I
Applicable to the following facilities:

- **Hospitals**
- **Ambulatory Surgery Centers**
- **Dialysis Facilities**

Payment Levels and Limits – Hospital, Ambulatory Surgery Centers and Dialysis Facilities

This section of the Schedule of Medical Benefits applies only to covered expenses which are rendered by *hospital* facilities, *ambulatory surgery centers* and dialysis clinics and facilities. The benefits shown apply to all such covered, licensed *providers* of service without regard to participation in a *PPO*.

Percentage Payable For:	Hospital Inpatient Services	Limits:
Medical/Surgical Room & Board & Ancillary	60% of <i>allowable claim limits</i> for semi-private room and ancillary charges <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Skilled Nursing Facility, Convalescent Care and Extended Care Facility	60% of <i>allowable claim limits</i> for semi-private room and ancillary charges <ul style="list-style-type: none"> • <i>deductible</i> applies 	Limited to 90 days per <i>plan year</i> maximum
Mental or Nervous Disorder Inpatient	60% of <i>allowable claim limits</i> for semi-private room and ancillary charges <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Mental or Nervous Disorder Facility Outpatient	60% of <i>allowable claim limits</i> <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Substance Abuse Care Inpatient	60% of <i>allowable claim limits</i> for semi-private room and ancillary charges <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Substance Abuse Care Facility Outpatient	60% of <i>allowable claim limits</i> <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Hospital Emergency Room Services		
Hospital Emergency Room - Accident* or Illness	60% of <i>allowable claim limits</i> <ul style="list-style-type: none"> • <i>deductible</i> applies 	
*Supplemental Accident Benefit	100% of <i>allowable claim limits</i> to \$300 per <i>accident</i> – thereafter subject to <i>deductible</i> and reimbursed at 60% of <i>allowable claim limits</i>	
Hospital Outpatient Diagnostic Services		
Diagnostic X-ray and Laboratory	60% of <i>allowable claim limits</i> <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Routine Mammogram – Covered Persons Over Age 35	100 % of <i>allowable claim limits</i> <ul style="list-style-type: none"> • <i>deductible</i> waived 	Limited to one exam per <i>plan year</i> maximum
Pre-Admission Testing	100% of <i>allowable claim limits</i> <ul style="list-style-type: none"> • <i>deductible</i> waived 	
All Other Covered Hospital Services and Supplies		
All Other Covered Expenses	60% of <i>allowable claim limits</i> <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Ambulatory Surgery Centers Covered Services and Supplies		
All Covered Expenses	60% of <i>allowable claim limits</i> <ul style="list-style-type: none"> • <i>deductible</i> applies 	

Section II

Applicable to all other providers of service:

Payment Levels and Limits – Physician and Other Provider Expenses

The following tables apply to all *providers* of service other than *hospital facilities, ambulatory surgery centers* and dialysis facilities. Benefits are available, as shown, for reimbursement of *covered expenses* based upon the *provider's* participation in the *PPO network*.

Physician In-Hospital Services			
Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits
Physician Medical Hospital Visit	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <i>deductible</i> applies 	
Physician – Mental or Nervous Disorder Hospital Visit	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <i>deductible</i> applies 	
Physician – Substance Abuse Hospital Visit	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <i>deductible</i> applies 	

Second Surgical Opinion Services			
Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits
Office Visit For Second Surgical Opinion	100% of <i>PPO</i> rate <ul style="list-style-type: none"> <i>deductible</i> waived 	100% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <i>deductible</i> waived 	

Surgical Services – Inpatient and Outpatient/Office			
Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits
Anesthesia	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <i>deductible</i> applies 	
Assistant Surgeon	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <i>deductible</i> applies 	Limited to 25% of surgical fee allowance
Obstetrical	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <i>deductible</i> applies 	
Surgeon – Office	\$40 copayment, then 100% of <i>PPO</i> rate to \$300 – <i>deductible</i> waived <i>Covered expenses</i> thereafter are subject to the <i>deductible</i> and reimbursed at 60% of the <i>PPO</i> rate	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <i>deductible</i> applies 	
Surgeon – All Other	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <i>deductible</i> applies 	

Physician's Office and Outpatient Services			
Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits
All <i>Covered Expenses</i> , Including: <ul style="list-style-type: none"> • Office Visit • <i>Surgery</i> • Lab or X-rays • Allergy Care • Injections • Other Covered Services 	100 % up to \$300 after a copayment of \$40 per visit, <i>deductible</i> waived <i>Covered expenses</i> thereafter are subject to the <i>deductible</i> and reimbursed at 60% of the <i>PPO</i> rate	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Wellness Benefits as described by ACA	100%	50% of <i>usual, customary and reasonable</i> fees <i>deductible</i> applies	
<i>Mental or Nervous Disorder</i> Office Visit and Outpatient	100 % up to \$300 after a copayment of \$40 per visit, <i>deductible</i> waived <i>Covered expenses</i> thereafter are subject to the <i>deductible</i> and reimbursed at 60% of the <i>PPO</i> rate	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
<i>Substance Abuse</i> Office Visit and Outpatient	100 % up to \$300 after a copayment of \$40 per visit, <i>deductible</i> waived <i>Covered expenses</i> thereafter are subject to the <i>deductible</i> and reimbursed at 60% of the <i>PPO</i> rate	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	

Chiropractic Services			
Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits
<i>Chiropractic Care</i> and Therapies	60% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	Limited to \$500 per <i>plan year</i> maximum benefit

Other Covered Services			
Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits
Therapy <ul style="list-style-type: none"> • Physical • Occupational • Speech • IV and Infusion • Cardiac Rehabilitation 	60% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Chemotherapy and Radiation Therapy	60% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
<i>Durable Medical Equipment</i>	60% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	

Other Covered Services			
Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits
Home Health Services	100% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	100% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Hospice	100% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> waived 	100% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> waived 	
Routine Non-Surgical Foot Care	60% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	Limited to \$2,000 per <i>plan year</i> maximum benefit
Diagnostic Laboratory and X-Ray, and Pathologist Fees and Radiologist Fees	60% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Pre-Admission Testing	100% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> waived 	100% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> waived 	
Routine Mammogram – Covered Persons Over Age 35	100 % of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> waived 	100% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> waived 	Limited to one exam per <i>plan year</i> maximum
Ambulance — Air or Ground Transportation	60% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Blood and Administration	60% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Oxygen and Administration	60% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Prosthetic Devices	60% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Lenses Following Cataract Surgery	60% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Supplemental Accident Benefit	100% of <i>PPO</i> rate to \$300 per accident – thereafter subject to <i>deductible</i> and reimbursed at 60% of <i>PPO</i> rate	100% of <i>usual, customary and reasonable</i> fees to \$300 per accident – thereafter subject to <i>deductible</i> and reimbursed at 50% of <i>usual, customary and reasonable</i> fees	
Prescription Drugs	100% of <i>usual, customary and reasonable</i> fees, <i>deductible</i> waived, subject to copayments as follows: <ul style="list-style-type: none"> • \$10 per prescription or refill for generic drugs, or • \$30 plus 30% of the cost of brand name drugs per prescription or refill • \$25 per prescription or refill for generic drugs, or • \$75 plus 30% of the cost of brand name drugs per prescription or refill 		Limited to 30-day supply per purchase
Mail Order			Limited to 90-day Supply per purchase

Other Covered Services			
Percentage Payable For:	<i>PPO Network Providers</i>	<i>Non-PPO Network Providers</i>	Limits
All Other <i>Covered Expenses</i>	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <i>deductible</i> applies 	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <i>deductible</i> applies 	

