

SCHEDULE OF MEDICAL BENEFITS**PERMIAN PUMP AND SUPPLY**

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.

Calendar Year Maximum Benefits

Calendar Year Maximum Benefits per Covered Person for:	
<i>Skilled Nursing Facility Care</i>	90 days
<i>Chiropractic Care</i>	\$1,000
Routine Foot Care – Non-surgical	\$2,000
Routine Mammogram Screening	1exam
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>Calendar Year Deductible</i>	
• Individual	\$1,000
• <i>Family Unit</i>	\$3,000

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)	80%	60%
<i>Out-of-Pocket Expense Limit</i>		
• Individual	\$2,500	\$5,000
• <i>Family Unit</i>	\$5,000	\$10,000
Certain types of expenses are not eligible to accumulate toward the <i>out-of-pocket expense limit</i> . 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	80% 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	80% 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>calendar year</i> maximum
Mental or Nervous Disorder Inpatient	80% 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	80% of <i>allowable claim limits</i> <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Substance Abuse Care Inpatient	80% 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	80% 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	\$50 copay then 80% of <i>allowable claim limits</i> , physician and hospital	
*Supplemental Accident Benefit	100% of <i>allowable claim limits</i> to \$300 per accident – 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	80% 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>calendar 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	80% 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	80% of <i>allowable claim limits</i> <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Dialysis Facilities Covered Services and Supplies		
All Covered Expenses	80% 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	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible applies	
Physician – Mental or Nervous Disorder Hospital Visit	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible applies	
Physician – Substance Abuse Hospital Visit	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible applies	

Second Surgical Opinion Services			
Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits
Office Visit For Second Surgical Opinion	100% of PPO rate • deductible waived	100% of usual, customary and reasonable fees • deductible waived	

Surgical Services – Inpatient and Outpatient/Office			
Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits
Anesthesia	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible applies	
Assistant Surgeon	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible applies	Limited to 25% of surgical fee allowance
Obstetrical	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible applies	
Surgeon – Office	80% of PPO rate	60% of usual, customary and reasonable fees • deductible applies	
Surgeon – All Other	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible 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 \$500 after a copayment of \$20 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	60% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
<i>Mental or Nervous Disorder</i> Office Visit and Outpatient	50% of <i>PPO</i> rate up to \$40 maximum <ul style="list-style-type: none"> • <i>deductible</i> applies 	60% 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	50% of <i>PPO</i> rate up to \$60 maximum <ul style="list-style-type: none"> • <i>deductible</i> applies 	60% 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	\$20 copay of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	60% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	Limited to \$1,000 per <i>calendar 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 	80% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	60% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Chemotherapy and Radiation Therapy	80% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	60% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
<i>Durable Medical Equipment</i>	80% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	60% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	
Home Health Services	80% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	60% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	Limited to 100 visit maximum benefit per <i>calendar year</i>
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	80% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	60% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> • <i>deductible</i> applies 	Limited to \$2,000 per <i>calendar year</i> maximum benefit
Diagnostic Laboratory and X-Ray, and Pathologist Fees and Radiologist Fees	80% of <i>PPO</i> rate <ul style="list-style-type: none"> • <i>deductible</i> applies 	60% 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 	

Other Covered Services			
Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits
Routine Mammogram – Covered Persons Over Age 35	100 % of PPO rate • deductible waived	100% of usual, customary and reasonable fees • deductible waived	Limited to one exam per calendar year maximum
Ambulance — Air or Ground Transportation	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible applies	
Blood and Administration	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible applies	
Oxygen and Administration	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible applies	
Prosthetic Devices	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible applies	
Lenses Following Cataract Surgery	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible applies	
Supplemental Accident Benefit	subject to deductible and reimbursed at 60% of PPO rate	60% of usual, customary and reasonable and reasonable fees	
Prescription Drugs Retail Copay Mail order	100% of usual, customary and reasonable fees, deductible waived, subject to copayments as follows: • \$15 generic drugs,\$35 preferred brand name drugs \$50 non-preferred brandname, \$50 specialty drugs plus 25% of cost of drug • \$37.50 generic, \$ 35 preferred brand name, \$125 non-preferred brandname, \$125 specialty drugs plus 25% of cost of drug		Limited to 30-day supply per purchase Limited to \$10,000 per plan year maximum benefit Limited to \$30,000 lifetime maximum benefit
All Other Covered Expenses	80% of PPO rate • deductible applies	60% of usual, customary and reasonable fees • deductible applies	