

## 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

The following lifetime maximums apply to each *covered person*:

Lifetime Maximum Benefits for:	
Lifetime Maximum for All <i>Essential Health Benefits</i>	Unlimited
Hospice Care	\$20,000

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

### Plan Year Maximum Benefits

The following *plan year* maximums apply to each covered person:

Plan Year Maximum Benefits per Covered Person for:	
Plan Year Maximum for All <i>Essential Health Benefits</i>	\$2,000,000
Mammography Screening	One screening
Routine Vision Exam (Preventive Care)	One exam
Donor-related Transplant Expenses	\$10,000 per transplant

### Deductible, Percentage Payable and Out-of-Pocket Expense Limits

The following *deductibles*, percentage payable and *out-of-pocket expense* limits apply per *plan year*:

	Shamrock General Hospital	Other Facilities and PPO Network Providers	Non-PPO Network Providers
<i>Plan Year Deductible</i> <ul style="list-style-type: none"><li>Individual</li><li><i>Family Unit</i></li></ul>	\$1,750 \$3,500	\$1,750 \$3,500	\$5,250 \$10,500
Percentage Payable (unless otherwise stated)	90%	80%	50%
<i>Out-of-Pocket Expense Limit</i> <ul style="list-style-type: none"><li>Individual</li><li><i>Family Unit</i></li></ul>	\$2,500 \$5,000	\$2,500 \$5,000	\$10,000 \$20,000
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.			

*Covered expenses incurred* during the last three months of a *plan year* that were applied toward an individual *deductible* will be allowed as credit toward satisfaction of the individual’s *deductible* in the following *plan year*.

**Note: Any references to dependents in this summary plan description that are related to covered expenses, benefits payable, rights, responsibilities, exclusions, limitations and all terms and conditions of this Plan are intended to apply to those dependents that are being covered on and after January 1, 2014.**

## SECTION I

Applicable to the following facilities:

- *Hospitals*
- **Ambulatory Health Care Facilities and Dialysis Facilities**
- **Other Covered Facilities**

### Payment Levels and Limits – Section I Facility Providers

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

Percentage Payable For:	Shamrock General Hospital	Other Facilities	Limits:
<b><i>Inpatient Room &amp; Board &amp; Ancillary Charges</i></b>			
<i>Hospital Medical/Surgical Inpatient</i>	90% of <i>allowable claim limits</i> • <i>deductible</i> waived	80% of <i>allowable claim limits</i> • \$500 per treatment <i>deductible</i> applies	Transplant donor-related benefits limited to \$10,000 maximum per transplant
<i>Mental or Nervous Disorder and Substance Abuse Care Inpatient</i>	90% of <i>allowable claim limits</i> • <i>deductible</i> applies	80% of <i>allowable claim limits</i> • <i>deductible</i> applies	
<p>*The Plan has arranged for a special negotiated discount arrangement at the following facilities. <b>The \$500 copayment requirement is waived for all of these hospital providers:</b></p> <ul style="list-style-type: none"> <li>• Covenant Hospital, Lubbock, Texas</li> <li>• Baptist St. Anthony Hospital, Amarillo Texas</li> </ul>			
<i>Skilled Nursing Facility</i>	Not Applicable	80% of <i>allowable claim limits</i> • <i>deductible</i> applies	
<i>Hospice Care Inpatient</i>	90% of <i>allowable claim limits</i> • <i>deductible</i> applies	80% of <i>allowable claim limits</i> • <i>deductible</i> applies	Combined with non-facility charges, limited to \$10,000 per lifetime maximum benefit
<b><i>Hospital Emergency Room Services</i></b>			
<i>Hospital Emergency Room - Accident or Illness</i>	90% of <i>allowable claim limits</i> • <i>deductible</i> applies	80% of <i>allowable claim limits</i> • <i>deductible</i> applies	
<b><i>Outpatient Facility Diagnostic Services</i></b>			
Diagnostic X-ray and Laboratory	90% of <i>allowable claim limits</i> • <i>deductible</i> applies	80% of <i>allowable claim limits</i> • <i>deductible</i> applies	
Preventive Care Services	100% of <i>allowable claim limits</i> to \$200, <i>deductible</i> waived  90%, subject to <i>deductible</i> thereafter	100% of <i>allowable claim limits</i> to \$200, <i>deductible</i> waived  80%, subject to <i>deductible</i> thereafter	Benefit combined with non-facility per <i>plan year</i> - refer to “Medical Covered Expenses” section for covered services

Percentage Payable For:	Shamrock General Hospital	Other Facilities	Limits:
<b><i>Inpatient Room &amp; Board &amp; Ancillary Charges</i></b>			
Mammogram Screening	90% of <i>allowable claim limits</i> • deductible applies	80% of <i>allowable claim limits</i> • deductible applies	Limited to one screening per <i>plan year</i> maximum
<b><i>All Other Covered Hospital Services and Supplies</i></b>			
All Other Covered Expenses	90% of <i>allowable claim limits</i> • deductible applies	80% of <i>allowable claim limits</i> • deductible applies	
<b><i>Ambulatory Health Care and Other Facilities' Covered Services and Supplies</i></b>			
All Covered Expenses	90% of <i>allowable claim limits</i> • deductible applies	80% of <i>allowable claim limits</i> • deductible 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 health care centers, and other facilities. Benefits are available, as shown, for reimbursement of *covered expenses* based upon the *provider's* participation in the *PPO network*.

<b><i>Physician In-Hospital Services</i></b>			
Percentage Payable For:	<i>PPO Network Providers</i>	<i>Non-PPO Network Providers</i>	Limits
Physician Medical Hospital Visit	80% of <i>PPO network provider rate</i> • deductible applies	50% of <i>usual, customary and reasonable fee</i> • deductible applies	
Physician – Mental or Nervous Disorder Hospital Visit	80% of <i>PPO network provider rate</i> • deductible applies	50% of <i>usual, customary and reasonable fee</i> • deductible applies	
Physician – Substance Abuse Hospital Visit	80% of <i>PPO network provider rate</i> • deductible applies	50% of <i>usual, customary and reasonable fee</i> • deductible applies	

<b><i>Second Surgical Opinion Services</i></b>			
Percentage Payable For:	<i>PPO Network Providers</i>	<i>Non-PPO Network Providers</i>	Limits
Office Visit For Second Surgical Opinion	80% of <i>PPO network provider rate</i> • deductible applies	50% of <i>usual, customary and reasonable fee</i> • deductible applies	

<b><i>Surgical Services – Inpatient and Outpatient/Office</i></b>			
Percentage Payable For:	<i>PPO Network Providers</i>	<i>Non-PPO Network Providers</i>	Limits
Anesthesia	80% of <i>PPO network provider rate</i> • deductible applies	50% of <i>usual, customary and reasonable fee</i> • deductible applies	

<b>Surgical Services – Inpatient and Outpatient/Office</b>			
<b>Percentage Payable For:</b>	<b>PPO Network Providers</b>	<b>Non-PPO Network Providers</b>	<b>Limits</b>
Assistant Surgeon	80% of <i>PPO network provider rate</i> • <i>deductible</i> applies	50% of <i>usual, customary and reasonable fee</i> • <i>deductible</i> applies	Limited to 25% of the <i>usual, customary</i> and <i>reasonable</i> charge for the surgical procedure
Obstetrical	80% of <i>PPO network provider rate</i> • <i>deductible</i> applies	50% of <i>usual, customary and reasonable fee</i> • <i>deductible</i> applies	
Surgeon	80% of <i>PPO network provider rate</i> • <i>deductible</i> applies	50% of <i>usual, customary and reasonable fee</i> • <i>deductible</i> applies	

<b>Chiropractic Services</b>			
<b>Percentage Payable For:</b>	<b>PPO Network Providers</b>	<b>Non-PPO Network Providers</b>	<b>Limits</b>
<i>Chiropractic Care</i> and Therapies	80% of <i>PPO network provider rate</i> • <i>deductible</i> applies	50% of <i>usual, customary and reasonable fee</i> • <i>deductible</i> applies	

<b>Physician's Office and Outpatient Services</b>			
<b>Percentage Payable For:</b>	<b>PPO Network Providers</b>	<b>Non-PPO Network Providers</b>	<b>Limits</b>
All <i>Covered Expenses</i> , Including: • Office Visit • <i>Surgery</i> • Lab or X-rays • Allergy Care • Injections • Other Covered Services	80% of <i>PPO network provider rate</i> • <i>deductible</i> applies	50% of <i>usual, customary and reasonable fee</i> • <i>deductible</i> applies	
<i>Mental or Nervous Disorder</i> Office Visit and Outpatient	80% of <i>PPO network provider rate</i> • <i>deductible</i> applies	50% of <i>usual, customary and reasonable fee</i> • <i>deductible</i> applies	
<i>Substance Abuse</i> Office Visit and Outpatient	80% of <i>PPO network provider rate</i> • <i>deductible</i> applies	50% of <i>usual, customary and reasonable fee</i> • <i>deductible</i> applies	

<b>Other Covered Services (Non-Facility)</b>			
<b>Percentage Payable For:</b>	<b>PPO Network Providers</b>	<b>Non-PPO Network Providers</b>	<b>Limits</b>
Therapy • Physical • Occupational • Speech • IV and Infusion • Cardiac Rehabilitation	80% of <i>PPO network provider rate</i> • <i>deductible</i> applies	50% of <i>usual, customary and reasonable fee</i> • <i>deductible</i> applies	
Chemotherapy and Radiation Therapy	80% of <i>PPO network provider rate</i> • <i>deductible</i> applies	50% of <i>usual, customary and reasonable fee</i> • <i>deductible</i> applies	

Other Covered Services (Non-Facility)			
Percentage Payable For:	PPO Network Providers	Non-PPO Network Providers	Limits
Durable Medical Equipment	80% of PPO network provider rate • deductible applies	50% of usual, customary and reasonable fee • deductible applies	
Home Health Services	80% of PPO network provider rate • deductible applies	50% of usual, customary and reasonable fee • deductible applies	
Hospice	80% of PPO rate • deductible waived	50% of usual, customary and reasonable fees • deductible waived	Combined with facility charges, limited to \$10,000 per lifetime maximum benefit
Diagnostic Laboratory and X-Ray, and Pathologist Fees and Radiologist Fees	80% of PPO network provider rate • deductible applies	50% of usual, customary and reasonable fee • deductible applies	
Preventive Care	Combined with facility charges, 100% of PPO rate to \$200 per plan year, deductible waived  90%, subject to deductible thereafter	Not Covered	Refer to “Medical Covered Expenses” section for covered services
Preventive Care Routine Vision Exam	100% of PPO rate • deductible waived	Not Covered	Limited to one per plan year maximum
Mammography Screening	80% of PPO network provider rate • deductible applies	50% of usual, customary and reasonable fee • deductible applies	Limited to one screening per plan year maximum
Ambulance — Air or Ground Transportation	80% of PPO network provider rate • deductible applies	50% of usual, customary and reasonable fee • deductible applies	
Blood and Administration	80% of PPO network provider rate • deductible applies	50% of usual, customary and reasonable fee • deductible applies	
Oxygen and Administration	80% of PPO network provider rate • deductible applies	50% of usual, customary and reasonable fee • deductible applies	
Prosthetic Devices	80% of PPO network provider rate • deductible applies	50% of usual, customary and reasonable fee • deductible applies	
Transplant-related Donor Charges	80% of PPO network provider rate • deductible applies	50% of usual, customary and reasonable fee • deductible applies	Combined with facility charges, limited to \$10,000 per transplant maximum benefit
Prescription Drugs	deductible applies to usual, customary and reasonable fees, payable thereafter as follows: • 90% per prescription or refill for generic drugs, or • 70% per prescription or refill for brand name drugs		
All Other Covered Expenses	80% of PPO network provider rate • deductible applies	50% of usual, customary and reasonable fee • deductible applies	