

**SCHEDULE OF MEDICAL BENEFITS****BILL WILLIAMS TIRE CENTER**

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*:

<b>Lifetime Maximum Benefits for:</b>	
Annual Maximum for All Benefits	\$2,000,000

**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.

<b>Plan Year Maximum Benefits per Covered Person for:</b>	
<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**

	<b><i>PPO Network Providers and Non-PPO Network Providers</i></b>
<i>Plan Year Deductible</i>	
• Individual	\$1,750
• <i>Family Unit</i>	\$5,250

**Percentage Payable and Out-of-Pocket Expense Limits**

	<b><i>Hospital Facilities Ambulatory Surgery Centers Dialysis Facilities and PPO Network Providers</i></b>	<b><i>Non-PPO Network Providers</i></b>
Percentage Payable (unless otherwise stated)	60%	50%
<i>Out-of-Pocket Expense Limit</i>		
• Individual	\$3,000	\$3,750
• <i>Family Unit</i>	\$6,000	\$7,500

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*.

<b>Percentage Payable For:</b>	<b><i>Hospital Inpatient Services</i></b>	<b>Limits:</b>
Medical/Surgical Room & Board & Ancillary	60% of <i>allowable claim limits</i> for semi-private room and ancillary charges • <i>deductible</i> applies	
<i>Skilled Nursing Facility, Convalescent Care and Extended Care Facility</i>	60% of <i>allowable claim limits</i> for semi-private room and ancillary charges • <i>deductible</i> applies	Limited to 90 days per <i>plan year</i> maximum
<i>Mental or Nervous Disorder Inpatient</i>	60% of <i>allowable claim limits</i> for semi-private room and ancillary charges • <i>deductible</i> applies	
<i>Mental or Nervous Disorder Facility Outpatient</i>	50% of <i>allowable claim limits</i> • <i>deductible</i> applies	
<i>Substance Abuse Care Inpatient</i>	60% of <i>allowable claim limits</i> for semi-private room and ancillary charges • <i>deductible</i> applies	
<i>Substance Abuse Care Facility Outpatient</i>	50% of <i>allowable claim limits</i> • <i>deductible</i> applies	
<b><i>Hospital Emergency Room Services</i></b>		
<i>Hospital Emergency Room - Accident* or Illness</i>	60% of <i>allowable claim limits</i> • <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>	
<b><i>Hospital Outpatient Diagnostic Services</i></b>		
Diagnostic X-ray and Laboratory	60% of <i>allowable claim limits</i> • <i>deductible</i> applies	
Routine Mammogram – Covered Persons Over Age 35	100 % of <i>allowable claim limits</i> • <i>deductible</i> waived	Limited to one exam per <i>plan year</i> maximum
Pre-Admission Testing	100% of <i>allowable claim limits</i> • <i>deductible</i> waived	
<b>All Other Covered <i>Hospital</i> Services and Supplies</b>		
All Other Covered Expenses	60% of <i>allowable claim limits</i> • <i>deductible</i> applies	
<b><i>Ambulatory Surgery Centers</i> Covered Services and Supplies</b>		
All Covered Expenses	60% of <i>allowable claim limits</i> • <i>deductible</i> applies	

**Outpatient Dialysis Services:** The Plan does not use a preferred provider organization for dialysis services. The in-network deductible and co-insurance will apply.

Reimbursement for Outpatient Dialysis will be subject to Outpatient Dialysis Service Max Allowable.

**Limitations/Requirements:** A Covered Person must: 1) Notify Spectrum Review when diagnosed with End Stage Renal Disease (“ESRD”); and 2) Notify Spectrum Review when dialysis treatment begins;

Outpatient Dialysis Max Allowable for outpatient dialysis services is 125% of Medicare allowable fees and the Plan will adjudicate the claims using in network co-insurance.

## 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*.

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

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

<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>
Anesthesia	60% of PPO rate <ul style="list-style-type: none"> <li>deductible applies</li> </ul>	50% of usual, customary and reasonable fees <ul style="list-style-type: none"> <li>deductible applies</li> </ul>	
Assistant Surgeon	60% of PPO rate <ul style="list-style-type: none"> <li>deductible applies</li> </ul>	50% of usual, customary and reasonable fees <ul style="list-style-type: none"> <li>deductible applies</li> </ul>	Limited to 25% of surgical fee allowance
Obstetrical	60% of PPO rate <ul style="list-style-type: none"> <li>deductible applies</li> </ul>	50% of usual, customary and reasonable fees <ul style="list-style-type: none"> <li>deductible applies</li> </ul>	

<b>Surgical Services – Inpatient and Outpatient/Office</b>			
<b>Percentage Payable For:</b>	<b><i>PPO Network Providers</i></b>	<b><i>Non-PPO Network Providers</i></b>	<b>Limits</b>
Surgeon – Office	\$25 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 • <i>deductible</i> applies	
Surgeon – All Other	60% of <i>PPO</i> rate • <i>deductible</i> applies	50% of <i>usual, customary and reasonable</i> fees • <i>deductible</i> applies	

<b>Physician's Office and Outpatient Services</b>			
<b>Percentage Payable For:</b>	<b><i>PPO Network Providers</i></b>	<b><i>Non-PPO Network Providers</i></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	100 % up to \$300 after a copayment of \$25 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 • <i>deductible</i> applies	
<i>Mental or Nervous Disorder</i> Office Visit and Outpatient	100 % up to \$300 after a copayment of \$25 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 • <i>deductible</i> applies	
<i>Substance Abuse</i> Office Visit and Outpatient	100 % up to \$300 after a copayment of \$25 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 • <i>deductible</i> applies	

<b>Chiropractic Services</b>			
<b>Percentage Payable For:</b>	<b><i>PPO Network Providers</i></b>	<b><i>Non-PPO Network Providers</i></b>	<b>Limits</b>
<i>Chiropractic Care</i> and Therapies	60% of <i>PPO</i> rate • <i>deductible</i> applies	50% of <i>usual, customary and reasonable</i> fees • <i>deductible</i> applies	Limited to \$500 per <i>plan year</i> maximum benefit

<b>Other Covered Services</b>
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<b>Percentage Payable For:</b>	<b><i>PPO Network Providers</i></b>	<b><i>Non-PPO Network Providers</i></b>	<b>Limits</b>
Therapy <ul style="list-style-type: none"> <li>• Physical</li> <li>• Occupational</li> <li>• Speech</li> <li>• IV and Infusion</li> <li>• Cardiac Rehabilitation</li> </ul>	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	
Chemotherapy and Radiation Therapy	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	
<i>Durable Medical Equipment</i>	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	
Home Health Services	100% of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	100% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	
Hospice	100% of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> waived</li> </ul>	100% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> waived</li> </ul>	
Routine Non-Surgical Foot Care	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	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"> <li>• <i>deductible</i> applies</li> </ul>	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	
Pre-Admission Testing	100% of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> waived</li> </ul>	100% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> waived</li> </ul>	
Routine Mammogram – <i>Covered Persons Over Age 35</i>	100 % of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> waived</li> </ul>	100% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> waived</li> </ul>	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"> <li>• <i>deductible</i> applies</li> </ul>	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	
Blood and Administration	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	
Oxygen and Administration	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	
Prosthetic Devices	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	
Lenses Following Cataract Surgery	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	
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>		Limited to 30-day

	waived, subject to copayments as follows: <ul style="list-style-type: none"> <li>• \$10 per prescription or refill for generic drugs, or</li> <li>• \$20 plus 25% of the cost of brand name drugs per prescription or refill</li> </ul>		supply per purchase
All Other <i>Covered Expenses</i>	60% of <i>PPO</i> rate <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	50% of <i>usual, customary and reasonable</i> fees <ul style="list-style-type: none"> <li>• <i>deductible</i> applies</li> </ul>	