

Crosbyton Clinic Hospital

SCHEDULE OF BENEFITS

CCH	PPO	NON PPO
Not Subject to Maximum Allowable		Subject to Maximum Allowable**

In an effort to provide benefits with limited cost to our employees we will not charge for services, to include lab, x-ray, or out patient services, that are provided at Crosbyton Clinic Hospital for the employees or dependents covered by the Plan. Listed below in the Schedule of Benefits it is designated as covered at 100% with no deductible as ***. "Please utilize this Benefit."

DEDUCTIBLES

Individual	***	\$1,000/EE/YR	\$2,000
Family	***	\$3,000 Max./Family	\$6,000
Pre-Certification Treatment Penalty (90 day carryover for deductible)	-----	\$500 Additional deductible	-----

CO-INSURANCE TO \$10,000, THEN 100% (OUT OF POCKET)

Co-Insurance	***	80%	50%
Max Individual Out of Pocket	***	\$2,000	\$10,000**

DOCTOR OFFICE COPAY

Includes lab, x-ray or injections provided on the same day with office visit up to \$200 additional charges are subject to the deductible and coinsurance (charges for the office visit does not go towards the \$200 maximum)
Preventive Care, Well Baby, or one annual vision exam, including lab or x-ray on the same day with office visit
Maximum Benefit \$200 per Calendar Year

\$10	\$25	50%*
\$10	\$25	none

INDEPENDENT LAB & FACILITY CHARGES

Out Patient Testing, Surgery, Scans, Office Surgery	***	80%*	50%*
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EMERGENCY ROOM

Facility Charges	***	\$75 co-pay	50%*
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PRESCRIPTION DRUG

50% of the cost of the Rx if filled at hospital, if not subject to Deductible and Coinsurance

LIFETIME MAXIMUM BENEFIT (per insured)

----- \$1,000,000 -----

TRANSPORTATION

Air, Ambulance, or Rail

-- \$2,500 maximum benefit per confinement --

MATERNITY Employee or Spouse Only

----- as any other illness -----

EXTENDED CARE

Skilled Nursing / Cal Year Max Benefit	***	80%*	50%*
Home Health Care / Cal Year Max Benefit	-----	\$10,000	-----
	-----	\$10,000	-----

Hospice / Lifetime Benefit ----- \$20,000 -----

SUBSTANCE ABUSE (alcohol or controlled substance)

Co-Insurance	***	80% *	50% *
Limits	----- \$10,000 lifetime benefit -----		

MENTAL OR NERVOUS DISORDER

Inpatient Co-Insurance	***	80% *	50% *
Inpatient Limits	----- 10 day lifetime benefit -----		
Outpatient Visits	----- 50% * of the first \$80- -----		
Outpatient Limits	----- 26 visits per year -----		

CHIROPRACTIC CARE

Co-Insurance	90% *	80% *	50% *
Limits	--- \$500 maximum benefit per calendar year ---		

TEMPOROMANDIBULAR JOINT SYNDROME

Co-Insurance	90% *	80% *	50% *
Limits	----- \$2,500 lifetime benefit -----		

DURABLE GOODS

Co-Insurance	90% *	80% *	50% *
Limits	----- \$10,000 lifetime benefit -----		

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.

CLAIMS FILING LIMITS

12 MONTHS FROM DATE OF SERVICE OR NO COVERAGE.

*All claims subject to Deductible

****If you receive treatment from a Non PPO Provider, your out of pocket may exceed the scheduled amount because the provider may be charging above Maximum Allowable (Example; Provider Charges \$20,000 and the Maximum Allowable is determined to be \$8,000. Payment will be at 50%, unless out of pocket has been met, and the difference between \$20,000 billed and \$8,000 Maximum Allowable is not covered.)**

EMERGENCY CARE

If you receive emergency medical care that would be considered life threatening or could cause serious bodily injury and you receive medical treatment from a Non PPO Provider, we will pay the provider 80% co-insurance. At the point that it is determined you could receive treatment from a PPO Provider and you do not seek treatment from a PPO Provider, your benefits will be lowered or paid at 60% co-insurance. These claims will not be subject to Maximum Allowable. ISOL may determine a claim is considered life threatening when the claim is first received.