

**SCHEDULE OF BENEFITS FOR
HIRSCHFELD INDUSTRIES LP
EMPLOYEE HEALTH PLAN
EFFECTIVE JANUARY 1, 2014**

Group Health Plan - Schedule of Benefits Hirschfeld Industries LP Schedule of Benefits - Year 2014			
PPO Choice Plan			
Benefits	Super In- Network PPO Payments Not Subject To Max Allowable	In-Network PPO Payments Not Subject To Max Allowable	Non PPO Network** Payments Subject to Max Allowable****
Lifetime Maximum Benefits	----- Unlimited ----- Essential Health Benefits		
Maximum Annual Benefit	----- Unlimited----- Essential Health Benefits		
<u>Deductible Per Calendar Year</u>			
Individual	----- \$1,000 -----		
Family	----- \$3,000 Max/Family -----		
Pre-Certification Non Compliance Penalty	----- \$250+ADD 10% CO-INS -----		
<u>Co-Insurance</u>			
Individual - (After Deductible Paid)	90/10* Until \$2,000 Co- Ins. Paid, then Plan Pays 100%	80/20* Until \$2,000 Co- Ins. Paid, then Plan Pays 100%	60/40* Until \$4,000 Co- Ins. Paid, then Plan Pays 100%
Ind. – Co-Ins. Max After Deductible Paid	\$2,000	\$2,000	\$4,000*
Family - (After Deductible Paid)	90/10* Until \$6,000 Co- Ins. Paid, then Plan Pays 100%	80/20* Until \$6,000 Co- Ins. Paid, then Plan Pays 100%	60/40* Until \$12,000 Co- Ins. Paid, then Plan Pays 100%
Family – Co-Ins. Max After Deductible Paid	\$6,000	\$6,000	\$12,000**
Co-Ins. / Inpatient Hospital*****			
Inpatient Hospitalization	90/10*	80/20*	60/40*
Pre-Admission Testing	90/10*	80/20*	60/40*
Co-Ins. / Copay Outpatient Services*****			
Emergency Room - Facility Only	\$150 Copay***	\$150 Copay***	\$150 Copay***
MediCenter / Urgent Care Centers	N/A	\$50 Copay***	\$75 Copay***
Out-Patient Surgery - Facility Only	90/10*	80/20*	60/40*
Radiotherapy, X-ray & Lab - Facility Only	90/10*	80/20*	60/40*

Benefits	Super In- Network PPO Payments Not Subject To Max Allowable	In-Network PPO Payments Not Subject To Max Allowable	Non PPO Network** Payments Subject to Max Allowable****
Physician's Services *****			
Doctor's Visits - Home or Office	N/A	\$35 Copay***	60/40*
The \$35 Copay covers any eligible physician office visit charge. Also the Plan allows, under the \$35 Copay visit, additional eligible charges of up to \$100 per day before charges fall to Covered Persons deductible and coinsurance, as long as the services provided were performed in the physician's office and billed by the physician office****. (Examples of Eligible Office Charges are lab tests, x-rays and office surgical procedures)			
Doctor's Services - other than Office Visit (Radiology, ER, Surgery, Anesthesia, etc.)	N/A	80/20*	60/40*
Wellness (Including Well-Baby Care, Immunizations, & physicals.) ⁽⁵⁾	N/A	Covered at 100% (5)	Not Covered
Second Surgical opinion	N/A	100%	100%
Radiotherapy, X-ray & Lab	N/A	80/20*	60/40*
Maternity Coverage			
Employee or Spouse	----- Treated as any other Illness -----		
Home Health Care			
Home Health Care Visits	N/A	\$35 Copay***	60/40*
Home Health Care Infusion Therapy	N/A	\$35 Copay***	60/40*
Home Health Care Limits	----- 30 Visits Per Year -----		
Prescription Drug - Card Retail			
Generic Drug	N/A	\$15 Copay	N/A
Brand Name Drugs	N/A	50/50 Co-ins	N/A
Max Co-ins. paid by Covered Person per Rx	N/A	\$200	N/A
Max Monthly Co-ins paid by Covered Person	N/A	\$400	N/A
Supply Limits	N/A	30 Days	N/A
Prescription Drug - Mail Order			
Generic Drug	N/A	\$10	N/A
Brand Name Drugs	N/A	50/50 Co-ins	N/A
Max Co-ins. paid by Covered Person per Rx	N/A	\$400	N/A
Max Monthly Co-ins paid by Covered Person	N/A	\$800	N/A
Supply Limits	N/A	90 Days	N/A

Benefits	Super In-Network PPO Payments Not Subject To Max Allowable	In-Network PPO Payments Not Subject To Max Allowable	Non PPO Network** Payments Subject to Max Allowable****
Outpatient Dialysis Services*****			
Outpatient - Co-Insurance	N/A	80/20*	N/A
	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 which is different than other services.		
Alcohol and Drug Abuse Conditions			
Inpatient Co-Insurance	N/A	80/20*	60/40*
Outpatient - Co-Insurance	N/A	80/20*	60/40*
Serious Mental or Nervous Disorder			
Inpatient:			
Co-insurance	N/A	80/20*	60/40*
Outpatient:			
Co-Insurance	N/A	80/20*	60/40*
Skilled Nursing Facility			
Co-Insurance	N/A	80/20*	60/40*
Limits	----- 90 Days per year -----		
Hospice Care			
Co-Insurance	N/A	80/20*	60/40*
Limits	----- 180 Days -----		
Chiropractic Care			
Co-Insurance	N/A	60/40*	50/50*
Limits	24 Visits maximum benefit per calendar year		
Ambulance Service			
Co-Insurance	N/A	80/20	60/40
	5 ground and 2 air transports per Calendar Year Maximum		
Durable Medical Equipment			
Co-Insurance	N/A	80/20*	60/40*

Please see footnotes on next page.

Footnotes:

* All Claims Subject to Deductible.

** If the employee receives Treatment from a Non PPO Provider the Covered Person's out of pocket may exceed the scheduled amount because the provider may be charging above Plan Maximum Allowable.

*** Copayments **Do Not** go towards satisfying deductibles or co-insurance limits.

**** Payments Subject To Max Allowable Out-of-Network - The Covered Person will be Responsible for Charges over this amount unless the Covered Person's health care provider will accept the max allowable as payment in full. The plan's Maximum Allowable for "Out-of-Network" covered charges is 90% of Medicare allowable fees in the service area where services are rendered.

***** The Physician Office Copay of \$35 includes a physician office visit, and additional eligible charges of up to \$100 per day before charges fall to Covered Persons deductible and coinsurance, as long as the services provided were performed in the physician's office and billed by the physician office.

***** If the Covered Person received treatment or services from an Out-of-Network provider the claim will be paid Out-of-Network unless it is determined to be a true Emergency. If the claim is a true Emergency, the claim will be processed at an out of area benefit with 20% coinsurance paid by the member. Charges for true emergency care, (including outpatient or inpatient treatment) that are Out-of-Network, are considered "Out of Area" and will be processed at 135% of Medicare allowable fees for the service area where the services were rendered.

***** **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.

1. **Use of Super In-Network Provider** A Covered Person receives the best benefits by utilizing a Super In-Network Provider where available. The only Super In-Network Provider is **Duke Medical Center**, Durham, North Carolina.

2. **Use of All Other Hirschfeld Industries LP, PPO Providers** A Covered Person receives the next best benefits, without being subject to provider charges over Plan Max Allowable, by utilizing PPO Providers. Refer to the employee network provider books to see who participates in the Hirschfeld Industries, LP PPO networks.

3. **Use of Non-PPO Network Providers** A Covered Person receives a lesser benefit by getting covered Health Plan Services from a Non-PPO Provider rather than from a PPO Network Provider. Services from Non-PPO Providers are subject to **Charges over the Plan Max Allowable for Covered Services.** (**Example:** Provider Charges \$20,000 & Plan's Maximum Allowable for this procedure is \$15,000. The Covered Person would pay their \$1,000 Deductible Plus Co-Insurance of 40% of the first \$10,000 of allowable charges after deductible or \$4,000, and be responsible for the \$5,000 charges over Maximum Allowable, (\$20,000 less \$15,000) or a total cost to the Covered Person of \$10,000. If the Covered Person had this procedure performed by a PPO Network Provider the maximum payment they would be responsible for would be the \$1,000 deductible and the \$2,000 co-insurance for a total of \$3,000 or a difference of \$7,000 if they received the same services from a Non-PPO Provider).

4. **Utilization Review and Pre-Certification** is a part of the Hirschfeld Industries, LP Employee Health Plan. Please review responsibilities in Health Plan Document.

5. **Wellness Services** All wellness services need to be coded wellness by the Provider and meet the recommended guidelines set out by the U.S. Preventive Services Task Force, to be considered a wellness service.

Waiting period to be eligible for benefits is 90 days continuous full time employment and then benefits become effective the 1st of the next month