

Putnam-Greene Financial Corporation Health Benefit Plan
Medical Schedule of Benefits

Effective June 1, 2020

Refer to your Plan Document and Summary Plan Description for details of Coverage.

Medical Benefits	Cigna PPO Providers www.Cigna.com	Non-PPO Providers
Member Calendar Year Deductible	\$1000 per individual. \$3000 per family on an accumulative basis.	
Plan Coinsurance	80% of covered expenses.	60% of covered expenses.
Member Out-of-Pocket Maximum	\$1,000 per individual, plus deductible.	\$2,000 per individual, plus deductible.
Lifetime Overall Maximum	Unlimited.	
Alcohol & Substance Abuse Treatment	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
Cardiac Rehabilitation	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
	Calendar Year maximum benefit of 40 visits.	
Chiropractic Services	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
	Calendar Year maximum benefit of 20 visits.	
Durable Medical Equipment	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
Emergency Room Services	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
	Refer to Supplemental Accident Benefit if charges are incurred as a result of an accident or injury.	
Home Health Care	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
Hospice Care	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
	Lifetime maximum benefit of \$5,000 for Home Care and \$10,000 for Inpatient Respite Care.	
Inpatient Hospital Services	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
Inpatient Hospital Pre-certification	Pre-admission certification for an elective non-emergency hospital admission is mandatory. Emergency admissions must be approved within 48 hours. Failure to comply will reduce the benefit payment of eligible charges by 50%.	
Maternity Care Excludes Dependent Children	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
Mental & Nervous Condition Services	80% Coinsurance; subject to Calendar year deductible.	60% Coinsurance; subject to Calendar year deductible.
Occupational Therapy	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
	Calendar Year maximum benefit of 20 visits.	
Office Visit Services	Teladoc visit: \$0 Co-pay / No Member cost All other Office visits: 80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
Outpatient Nursing Services	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
Outpatient Physical Therapy	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
	Calendar Year maximum benefit of 20 visits.	
Prescription Drugs	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.

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Routine Well Adult Care (Age 17 and over)	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
	This routine benefit includes physician charges and related laboratory charges for annual routine preventive examinations and the preventive services outlined below: <ul style="list-style-type: none">Immunizations.Annual hearing and vision examination.Fasting lipoprotein profile (cholesterol screening).Annual Prostate Specific Antigen (PSA) screening.Fasting blood sugar screening (for diabetes mellitus).Bone Mineral Density (BMD) screening (once every 24 months for postmenopausal women).Blood pressure screening.Annual colorectal screening.Annual mammogram screening.Annual pelvic exam and Pap test.	
Routine Well Child Care (Birth through age 16)	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
Skilled Nursing Facility	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
Speech Therapy	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
	Calendar Year maximum benefit of 20 visits.	
Supplemental Accident Benefit	Benefits are payable at 100% to a maximum of \$300 for expenses incurred within 90 days of accident / injury; not subject to Calendar Year deductible. Balance of eligible charges or charges incurred after 90 days of accident / injury shall be payable based upon the Provider's participation in the PPO Network; subject to the Calendar Year deductible.	
TMJ, Osseous Surgery & Impacted Teeth	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
	Lifetime maximum benefit of \$1,000.	
Transplant Benefit Refer to Transplant provisions of Plan for specific details.	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
	Organ and tissue transplants are covered except for those that are classified as Experimental and/or Investigational.	
X-Ray, Laboratory & Diagnostic Services	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.
All Other Medical Services	80% Coinsurance; subject to Calendar Year deductible.	60% Coinsurance; subject to Calendar Year deductible.

Questions regarding coverage and benefits should be directed to:

Preferred Benefit Administrators, Inc.
 PO Box 916188 Longwood, FL 32791-6188
407-786-2777 or 888-524-2777
www.PreferredTPA.com

Important Notice to Plan All Participants

This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to our Claims Administrator:

Preferred Benefit Administrators, Inc.
 PO Box 916188
 Longwood, FL 32791-6188
 (407)786-2777 or (888)524-2777

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.