

SECTION I

The Insurance Trust PLAN "D" HSA Effective January 1, 2011 SCHEDULE OF BENEFITS

The personal coverage benefits and the dependent coverage benefits for which an employee is covered under this plan shall be those shown in the following Schedule:

MAJOR MEDICAL EXPENSE BENEFITS	PPO (In-Network)	NON-PPO (Out-of-Network)
Penalty for Non-Compliance with Pre-Certification Requirements	\$500	\$500
Hospital Emergency Room Co-pay per Visit	Deductible, then coinsurance	Deductible, then coinsurance
Hospital 'Per admission' Deductible	None	None
Cash Deductible (all-inclusive) (applies to all covered expenses unless otherwise specified)	\$2,500	\$2,500
Family Deductible (cumulative)	\$11,900	\$11,900
Doctor's Office Visit charge (includes allergy injections billed alone)	Deductible, then coinsurance	Deductible, then coinsurance
X-Ray/Lab Tests Performed in Doctor's Office	Deductible/80%	Deductible/60%
X-Ray/Lab Tests at Hospital or Free-standing Chemical Dependency Facility	Deductible/80%	Deductible/80%
Hospital-based Physicians charges (Anesthesiologists, Radiologists & Pathologists)	Deductible/80%	Deductible/80%
Co-Insurance Percentage	80%	60%
Maximum Out-of-Pocket (Including Deductible)		
Individual	\$5,950	\$5,950
Family	\$11,900	\$11,900

Note: PPO and Non-PPO Out of Pocket amounts are NOT integrated

Benefit Period	Calendar Year
Maximum Annual Benefit per Covered Person	\$750,000
Maximum Lifetime Benefit per Covered Person	Unlimited

In-Patient Room & Board Rate Limits:

Semi-Private Room	Usual and Customary Charge
Private Room ¹	Most common semi-private
ICU or CCU	Usual and Customary Charge
Miscellaneous Services	Usual and Customary Charge

The Doctor's Office Visit co-payment and benefit penalties do not apply to the deductible or out-of-pocket limit, and continue after the deductible and out-of-pocket limits are met.

¹ In the event a hospital does not contain semi-private rooms, the private room limit is 90% of the hospitals lowest priced private room. If a private room or isolation room is medically necessary due to contagious disease, the hospital's Usual and Customary Charge for such room will be a covered expense.

SCHEDULE OF BENEFITS (cont'd)

MATERNITY EXPENSES ²		SAME AS ANY OTHER ILLNESS	
Routine Nursery Care		Included as an expense of the baby	
SKILLED NURSING FACILITY		Maximum \$3,480 per calendar year	
HOSPICE CARE		Maximum \$10,000 per calendar year	
HOME HEALTH CARE		Maximum \$2,500 per calendar year	
SUPPLEMENTAL ACCIDENT BENEFIT		1 st \$500 per accident payable at 100%, with regular benefits thereafter	
		PPO (In-Network)	NON-PPO (Out-of-Network)
CHIROPRACTIC CARE			
Benefit		Deductible, then coinsurance	Deductible, then coinsurance
Maximum Benefit payable per Year		\$1,200	\$1,200
MENTAL OR NERVOUS DISORDER; SUBSTANCE ABUSE		No Coverage	No Coverage
WELLNESS BENEFIT – Adult & Child (Eye Exams are included up to \$100)		Deductible, then coinsurance	No Coverage
PRE-ADMISSION TESTING		100%	Deductible, then 100%
AIR AMBULANCE		Deductible/60%	Deductible/60%
PRESCRIPTION DRUGS		<u>Preferred Independent</u>	<u>Retail Chain</u>
Tier I – Generic		Deductible, then \$10/30% cost of drug after \$150	Deductible, then \$17/40% cost of drug after \$150
Tier II – Specified Brand / Non-Generic		Deductible, then \$30/30% cost of drug after \$150	Deductible, then \$50/40% cost of drug after \$150
Tier III – Brand (Non- Preferred) and Compound Drugs		Deductible, then 30% + \$50 cost of drug after \$150	Deductible, then 40% + \$70 cost of drug after \$150
			<u>CVS</u>
			Deductible, then \$20/50% cost of drug after \$150
			Deductible, then \$55/50% cost of drug after \$150
			Deductible, then 40% + \$75 cost of drug after \$150
WAITING PERIOD		90 Days	
ELIGIBILITY DATE		1 st of the month following or coincident with the waiting period	

NOTE—MANDATORY PRE-ADMISSION CERTIFICATION PROGRAM – NON-EMERGENCY, ELECTIVE HOSPITALIZATION OR OUT-PATIENT SURGERY MUST BE CERTIFIED BEFORE A COVERED PERSON ENTERS THE HOSPITAL. Refer to page 2 of this booklet for details.

² No maternity coverage for dependent children.