

## SCHEDULE OF BENEFITS

### In-Network Benefits

Calendar Year Deductible	
In-Network Individual Deductible Amount	500
In-Network Family Deductible Amount	1,500
In-Network Coinsurance Percentage	90
Office Visit Copay Amount	20
Emergency Room Copay Amount	100
In-Network Maximum Coinsurance Share Per Calendar Year	
Per Individual	1,000
Per Family	3,000

### Out of Network Benefits

Calendar Year Deductible	
Out of Network Individual Deductible Amount	1,000
Out of Network Family Deductible Amount	3,000
Out of Network Coinsurance Percentage	70
Non-preferred Provider Hospital Inpatient Admission Copay	250
Reasonable & Customary Percentile Level	60th
Out of Network Maximum Coinsurance Share Per Calendar Year	
Per Individual	3,000
Per Family	9,000

Home Health Care	
Maximum Number of Visits per Calendar Year	40

Skilled Nursing Facility	
Maximum Number of Days per Calendar Year	31

Transplant Benefit	
Designated Transplant Facility	100%
Non-designated Transplant Facility	
90% of first \$100,000 after the Deductible	
100% thereafter for the remainder of the Calendar Year	

Prescription Drug Card Benefit	Included
Retail Prescription Copay Amount	
Generic Prescription Copay Amount	15 or 20% of the cost of the drug, whichever is greater
Preferred Brand Prescription Copay Amount	25 or 25% of the cost of the drug, whichever is greater
Non-Preferred Brand Copay Amount	40 or 40% of the cost of the drug, whichever is greater
Mail Order Prescription Copay Amount	
Generic Mail Order Prescription Copay Amount	35
Preferred Brand Mail Order Prescription Copay Amount	75
Non-Preferred Brand Mail Order Prescription Copay Amount	120
Optional Benefits	
Wellness Benefit for Preventive Health Care (Preferred Provider Only)	Per Federal Regulation
Hospital Benefits for Dental Surgery	Included
Pregnancy Like Any Illness	Included
Infertility & In Vitro Fertilization Benefit	Included
Contraceptive Benefit	Included
Supplemental Accident Benefit 100% to \$500	Included
Mental Health Parity Benefit	Included
Federal Continuation of Health Insurance Coverage After Termination	Included

**See Master Policy for Schedule of Benefits endorsement signed by the group Policyholder and Us.**