

## Vessey & Company, Inc. Benefits

Annual Deductible Per Person Per Family N/A Maximum out of pocket Calendar Year Maximum Benefit Professional Services Medical Treatment (Office) **9 visits maximum any combination, not to exceed 3 Specialist (Office) **9 visits maximum any combination, not to exceed 3 Specialist (Office) Benefit includes lab & x-ray in office Urgent Care Facility/Service Utrgent Services - Child & Adult 100% Pediatric Dental & Vision N/A Outpatient Surgeon Benefits Plan pays 80% Free Standing Facility Only Ultrasound/mammogram \$25 co-pay Emergency Services Emergency Room \$25 co-pay Emergency Room \$25 co-pay Plan pays 80% Ambulance Plan pays 80% Hospital Benefits Inpatient \$75 co-pay, Plan pays 80% Inpatient Professional Services Plan pays 80% Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a vaginal delivery Mental Inpatient N/A Additional Outpatient Services Skilled Nursing N/A NA Physical/Occupational Services (Medical Necessity) N/A Mental Outpatient N/A Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Prescriptions Generic **10 Rx maximum, not to exceed 5 Brand Brand Formulary Speciality N/A Maintenance Meds Si 5 co-pay Speciality N/A N/A Speciality N/A		Plan I
Per Person Per Family N/A Maximum out of pocket N/A Calendar Year Maximum Benefit Professional Services Medical Treatment (Office) *9 visits maximum any combination, not to exceed 3 Specialist visits Specialist (Office) Benefit includes lab & x-ray in office Urgent Care Facility/Service Outpatient Lab & X-Ray Preventative Services — Child & Adult Pediatric Dental & Vision N/A Outpatient Surgeon Benefits Plan pays 80% MRI/PET/CT Scan Free Standing Facility Only Ultrasound/mammogram Emergency Services Emergency Room Ambulance Hospital Benefits Inpatient Inpatient Inpatient Professional Services Plan pays 80% Maternity & Newborn Care 48 hours following a vaginal delivery Mental Inpatient N/A Additional Outpatient Services Skilled Nursing N/A Chiropractic/Acupuncture Services Physical/Occupational Services (Medical Necessity) N/A Rehabilitation Services N/A Physical/Occupational Services Physical/Occupational Services (Medical Necessity) N/A Rehabilitation Services N/A Physical/Occupational Services (Medical Necessity) N/A Mental Outpatient N/A Substance Abuse Outpatient N/A Prescriptions Generic ***910 Rx maximum, not to exceed 5 Brand Brand Formulary Stoopay Binand Non-Formulary Stoopay Binand Non-Formulary Brand Non-Formulary Stoopay Binand Non-Formulary Brand Non-Formulary Brand Non-Formulary Brand Non-Formulary Brand Non-Formulary Brand Non-Formulary Brand Non-Formulary Stoopay Stoo		Mexico
Per Family Maximum out of pocket N/A Calendar Year Maximum Benefit Professional Services Medical Treatment (Office) *\$5 co-pay *\$9 visits maximum any combination, not to exceed 3 Specialist (Office) Benefit includes lab & x-ray in office Urgent Care Facility/Service Uutpatient Lab & X-Ray Sto co-pay Preventative Services - Child & Adult Pediatric Dental & Vision N/A Outpatient Services Outpatient Surgeon Benefits Plan pays 80% MRI/PET/CT Scan Pree Standing Facility Only Ultrasound/mammogram \$25 co-pay Emergency Services Emergency Room Ambulance Plan pays 80% Ambulance Plan pays 80% Inpatient Professional Services Plan pays 80% Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient N/A Additional Outpatient Services Silled Nursing Chiropractic/Acupuncture Services N/A Physical/Occupational Services (Medical Necessity) Rehabilitation Services N/A Mental Outpatient N/A Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Prescriptions Generic **10 Rx maximum, not to exceed 5 Brand Brand Formulary \$10.00 co-pay Brand Non-Formulary \$10.00 co-pay Brand Mon-Formulary \$10.00 co-pay	Annual Deductible	
Maximum out of pocket Calendar Year Maximum Benefit Professional Services Medical Treatment (Office) *9 visits maximum any combination, not to exceed 3 Specialist visits Specialist (Office) Benefit includes lab & x-ray in office Urgent Care Facility/Service Outpatient Lab & X-Ray Preventative Services — Child & Adult Pediatric Dental & Vision Outpatient Surgeon Benefits Plan pays 80% MRI/PET/CT Scan Free Standing Facility Only Ultrasound/mammogram Preventative Services Emergency Room \$25 co-pay Plan pays 80% Flan pays 80% Hospital Benefits Inpatient Inpatient Professional Services Maternity & Newborn Care Ad hours following a vaginal delivery 96 hours following a vaginal delivery Mental Inpatient N/A Physical/Occupational Services (Medical Necessity) Mental Outpatient Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Prescriptions Generic *50% Maintenance Meds S15 co-pay  \$10.00 co-pay Brand Non-Formulary \$10.00 co-pay	Per Person	N/A
Calendar Year Maximum Benefit Professional Services Medical Treatment (Office) *9 visits maximum any combination, not to exceed 3 Specialist visits Specialist (Office) Benefit includes lab & x-ray in office Urgent Care Facility/Service Outpatient Lab & X-Ray Preventative Services - Child & Adult Pediatric Dental & Vision Outpatient Surgeon Benefits Outpatient Surgeon Benefits Plan pays 80% MRI/PET/CT Scan Free Standing Facility Only Ultrasound/mammogram Emergency Services Emergency Room Ambulance Hospital Benefits Inpatient Professional Services Maternity & Newborn Care Als hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient Additional Outpatient Services Mehabilitation Services Mehabilitation Services Mental Outpatient Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Prescriptions Generic *50% Maintenance Meds  \$50.00 co-pay Brand Non-Formulary Brand Non-Formulary Brand Non-Formulary Brand Non-Formulary Sinou occupations Sinou occupant Specialist visits Sino co-pay Sinou occupant Sinou occupan		N/A
Professional Services   Medical Treatment (Office)   \$5 co-pay	Maximum out of pocket	N/A
Medical Treatment (Office) *9 visits maximum any combination, not to exceed 3 Specialist visits  Specialist visits  Specialist (Office) Benefit includes lab & x-ray in office  Urgent Care Facility/Service Outpatient Lab & X-Ray Preventative Services – Child & Adult Pediatric Dental & Vision  Outpatient Services  Outpatient Surgeon Benefits Plan pays 80%  MRI/PET/CT Scan Plan pays 80%  MRI/PET/CT Scan Pree Standing Facility Only Ultrasound/mammogram Plan pays 80%  Emergency Services Emergency Room Ambulance Plan pays 80%  Hospital Benefits Inpatient  \$75 co-pay Plan pays 80%  Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient  Additional Outpatient Services  Skilled Nursing Chiropractic/Acupuncture Services  Mental Outpatient N/A Rehabilitation Services (Medical Necessity) N/A Rehabilitation Services  Mental Outpatient N/A Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment N/A Prescriptions Generic **10 Rx maximum, not to exceed 5 Brand Brand Formulary Sp0% Maintenance Meds \$15 co-pay  \$15 co-pay  \$15 co-pay  Span Mon-Formulary Sp0% Maintenance Meds \$15 co-pay	Calendar Year Maximum Benefit	\$25,000
## specialist visits  Specialist (Office) Benefit includes lab & x-ray in office Urgent Care Facility/Service Outpatient Lab & X-Ray Preventative Services - Child & Adult Pediatric Dental & Vision Outpatient Surgeon Benefits Plan pays 80% MRI/PET/CT Scan Plan pays 80% MRI/PET/CT Scan Plan pays 80% MRI/PET/CT Scan Plan pays 80% Plan pays 80% MRI/PET/CT Scan Plan pays 80% MRI/PET/CT Scan Plan pays 80% MRI/PET/CT Scan Plan pays 80% Plan pays 80% MRI/PET/CT Scan Plan pays 80% Malitensund/mammogram \$25 co-pay Plan pays 80% Plan pays 80% Mabulance Plan pays 80% Maternity & Newborn Care As hours following a vaginal delivery Mental Inpatient N/A Additional Outpatient Services Skilled Nursing N/A Chiropractic/Acupuncture Services N/A Physical/Occupational Services (Medical Necessity) N/A Rehabilitation Services N/A Mental Outpatient N/A Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment N/A Prescriptions Generic **5.00 co-pay Brand Formulary \$10.00 co-pay Brand Formulary \$10.00 co-pay Brand Non-Formulary \$10.00 co-pay Brand Non-Formulary \$10.00 co-pay Brand Non-Formulary \$15 co-pay	Professional Services	
Specialist visits   Specialist (Office)   \$10 co-pay		\$5 co-pay
Specialist (Office)   S10 co-pay	*9 visits maximum any combination, not to exceed 3	
Benefit includes lab & x-ray in office Urgent Care Facility/Service S20 co-pay Outpatient Lab & X-Ray Preventative Services - Child & Adult Pediatric Dental & Vision N/A Outpatient Services Outpatient Surgeon Benefits Plan pays 80% MRI/PET//CT Scan Plan pays 80% Free Standing Facility Only Ultrasound/mammogram S25 co-pay Emergency Services Emergency Room Ambulance Plan pays 80% Plan pays 80% Ambulance Plan pays 80% Ambulance Plan pays 80% Ambulance Plan pays 80%  Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient N/A Additional Outpatient Services Skilled Nursing Chiropractic/Acupuncture Services (Medical Necessity) Rehabilitation Services N/A Mental Outpatient Substance Abuse Outpatient N/A Substance Abuse Outpatient N/A Substance Abuse Outpatient N/A Prescriptions Generic \$5.00 co-pay Brand Non-Formulary Brand Non-Formulary Sow Brand Non-Formulary Sow Brand Non-Formulary Sow Brand Non-Formulary Sow Same as any other illness N/A Span Som Same as any other illness N/A Substance Abuse Outpatient N/A Stantal Outpatient N/A Stantal Outpatient N/A Stantal Outpatient N/A Substance Abuse Outpatient		
Urgent Care Facility/Service \$20 co-pay Outpatient Lab & X-Ray \$10 co-pay Preventative Services - Child & Adult 100% Pediatric Dental & Vision N/A Outpatient Services Outpatient Surgeon Benefits Plan pays 80% MRI/PET/CT Scan Plan pays 80% Free Standing Facility Only Uttrasound/mammogram \$25 co-pay Emergency Services Emergency Room \$25 co-pay Plan pays 80% Ambulance Plan pays 80% Hospital Benefits Inpatient \$75 co-pay, Plan pays 80% Inpatient Professional Services Plan pays 80% Maternity & Newborn Care Same as any other illness 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient N/A Additional Outpatient Services Skilled Nursing N/A Chiropractic/Acupuncture Services N/A Physical/Occupational Services (Medical Necessity) Rehabilitation Services N/A Mental Outpatient N/A Substance Abuse Outpatient N/A Substance Abuse Outpatient N/A Substance Abuse Outpatient N/A Frescriptions Generic \$5.00 co-pay ##10 Ry maximum, not to exceed 5 Brand Brand Formulary \$10.00 co-pay Brand Non-Formulary \$50% Maintenance Meds	Specialist (Office)	\$10 co-pay
Outpatient Lab & X-Ray Preventative Services – Child & Adult Pediatric Dental & Vision Outpatient Services Outpatient Surgeon Benefits MRI/PET/CT Scan Free Standing Facility Only Ultrasound/mammogram Emergency Services Emergency Room Ambulance Hospital Benefits Inpatient Inpatient Inpatient Professional Services  Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient N/A Additional Outpatient Services Skilled Nursing Chiropractic/Acupuncture Services N/A Rehabilitation Services N/A Mental Outpatient N/A Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Prescriptions Generic **10 Rx maximum, not to exceed 5 Brand Brand Formulary Brand Non-Formulary Brand Non-Formulary Sow Maintenance Meds  N/A Substance Abuse Stilled Nor-sorpay Stilled Nor-Formulary Stilled Nor-sorpay		
Preventative Services – Child & Adult Pediatric Dental & Vision  Outpatient Services Outpatient Surgeon Benefits Plan pays 80%  MRI/PET/CT Scan Free Standing Facility Only Ultrasound/mammogram Emergency Services Emergency Room Ambulance Plan pays 80% Ambulance Plan pays 80%  Inpatient Professional Services  Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient  Additional Outpatient Services Skilled Nursing N/A Chiropractic/Acupuncture Services (Medical Necessity) Mental Outpatient Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Professional Services Spand Same as any other illness N/A N/A N/A N/A N/A Substance Abuse Outpatient N/A Prescriptions Generic \$5.00 co-pay  \$10.00 co-pay Brand Non-Formulary So% Maintenance Meds \$15 co-pay		\$20 co-pay
Pediatric Dental & Vision  Outpatient Services  Outpatient Surgeon Benefits  MRI/PET/CT Scan Free Standing Facility Only  Ultrasound/mammogram  Emergency Services  Emergency Room Ambulance Hospital Benefits Inpatient Inpatient Professional Services  Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a vaginal delivery Mental Inpatient  Additional Outpatient Services  Skilled Nursing Chiropractic/Acupuncture Services (Medical Necessity) Rehabilitation Services  Mental Outpatient  Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Professional  Plan pays 80%  Same as any other illness  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N		
Outpatient Services Outpatient Surgeon Benefits Plan pays 80% MRI/PET/CT Scan Free Standing Facility Only Ultrasound/mammogram \$25 co-pay  Emergency Services Emergency Room Ambulance Plan pays 80% Ambulance Plan pays 80%  Hospital Benefits Inpatient \$75 co-pay, Plan pays 80% Inpatient Professional Services  Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient N/A  Additional Outpatient Services Skilled Nursing Chiropractic/Acupuncture Services (Medical Necessity) Rehabilitation Services (Medical Necessity) N/A  Mental Outpatient Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment N/A  Prescriptions Generic **10 Rx maximum, not to exceed 5 Brand Brand Formulary Brand Non-Formulary So% Maintenance Meds  Plan pays 80% Plan pays 80% Same as any other illness  N/A Same as any other illness Same as any other illness N/A N/A N/A N/A N/A  N/A  N/A  N/A  N	Preventative Services - Child & Adult	100%
Outpatient Surgeon Benefits  MRI/PET/CT Scan Free Standing Facility Only  Ultrasound/mammogram  Emergency Services  Emergency Room Ambulance Hospital Benefits Inpatient Inpatient Professional Services  Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient  Additional Outpatient Services  Physical/Occupational Services (Medical Necessity) Rehabilitation Services  Mental Outpatient  N/A  Mental Outpatient  N/A  Mental Outpatient  N/A  Physical/Occupational Services (Medical Necessity) N/A  Mental Outpatient  N/A  Substance Abuse Outpatient (12 visit maximum)  Durable Medical Equipment Prescriptions  Generic **10 Rx maximum, not to exceed 5 Brand Brand Formulary Brand Non-Formulary  Maintenance Meds  Plan pays 80% Plan pays 80%  Plan pays 80%	Pediatric Dental & Vision	N/A
MRI/PET/CT Scan Free Standing Facility Only  Ultrasound/mammogram  Emergency Services  Emergency Room Ambulance Hospital Benefits Inpatient Inpatient Professional Services  Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient  Additional Outpatient Services  Skilled Nursing Chiropractic/Acupuncture Services MyA Mental Outpatient Services  Physical/Occupational Services (Medical Necessity) Rehabilitation Services MyA Mental Outpatient  N/A  Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Prescriptions Generic **10 Rx maximum, not to exceed 5 Brand Brand Formulary Brand Non-Formulary Brand Non-Formulary Soo% Maintenance Meds  \$25 co-pay Plan pays 80% Plan pays 80% Plan pays 80%  Same as any other illness Same as any other illness  N/A  N/A  N/A  Same as any other illness  N/A  N/A  N/A  N/A  N/A  N/A  **10 Rx maximum, not to exceed 5 Brand Brand Formulary Soo% Maintenance Meds		
MRI/PET/CT Scan Free Standing Facility Only  Ultrasound/mammogram  Emergency Services  Emergency Room Ambulance Hospital Benefits Inpatient Inpatient Professional Services  Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient  Additional Outpatient Services  Skilled Nursing Chiropractic/Acupuncture Services MyA Mental Outpatient Services  Physical/Occupational Services (Medical Necessity) Rehabilitation Services MyA Mental Outpatient  N/A  Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Prescriptions Generic **10 Rx maximum, not to exceed 5 Brand Brand Formulary Brand Non-Formulary Brand Non-Formulary Soo% Maintenance Meds  \$25 co-pay Plan pays 80% Plan pays 80% Plan pays 80%  Same as any other illness Same as any other illness  N/A  N/A  N/A  Same as any other illness  N/A  N/A  N/A  N/A  N/A  N/A  **10 Rx maximum, not to exceed 5 Brand Brand Formulary Soo% Maintenance Meds	Outpatient Surgeon Benefits	
Free Standing Facility Only Ultrasound/mammogram \$25 co-pay  Emergency Services  Emergency Room \$25 co-pay Plan pays 80%  Ambulance Plan pays 80%  Hospital Benefits Inpatient \$75 co-pay, Plan pays 80%  Inpatient Professional Services Plan pays 80%  Maternity & Newborn Care \$8 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient N/A  Additional Outpatient Services Skilled Nursing N/A  Chiropractic/Acupuncture Services N/A  Physical/Occupational Services (Medical Necessity) Rehabilitation Services Mental Outpatient N/A  Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Prescriptions Generic **10 Rx maximum, not to exceed 5 Brand Brand Formulary Brand Non-Formulary So% Maintenance Meds  \$15 co-pay		Plan pays 80%
Emergency Services  Emergency Room  Ambulance  Hospital Benefits  Inpatient  Inpatient  S75 co-pay, Plan pays 80%  Inpatient Professional Services  Plan pays 80%  Maternity & Newborn Care  48 hours following a vaginal delivery  96 hours following a cesarean delivery  Mental Inpatient  N/A  Additional Outpatient Services  Skilled Nursing  Chiropractic/Acupuncture Services  N/A  Physical/Occupational Services (Medical Necessity)  Mental Outpatient  N/A  Substance Abuse Outpatient  (12 visit maximum)  Durable Medical Equipment  Prescriptions  Generic  **10 Rx maximum, not to exceed 5 Brand  Brand Formulary  Brand Non-Formulary  Brand Non-Formulary  Montal Substance Meds  \$15 co-pay	Free Standing Facility Only	• •
Emergency Services Emergency Room \$25 co-pay Plan pays 80% Ambulance Plan pays 80% Hospital Benefits Inpatient \$75 co-pay, Plan pays 80% Inpatient Professional Services Plan pays 80% Maternity & Newborn Care Same as any other illness 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient N/A  Additional Outpatient Services Skilled Nursing N/A Chiropractic/Acupuncture Services N/A Physical/Occupational Services (Medical Necessity) Rehabilitation Services N/A Mental Outpatient N/A Substance Abuse Outpatient N/A Substance Abuse Outpatient N/A Prescriptions Generic \$5.00 co-pay **10 Rx maximum, not to exceed 5 Brand Brand Formulary \$10.00 co-pay Brand Non-Formulary Foo% Maintenance Meds	Ultrasound/mammogram	\$25 co-pay
Emergency Room Ambulance Hospital Benefits Inpatient S75 co-pay, Plan pays 80% Inpatient Professional Services Plan pays 80% Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient N/A  Additional Outpatient Services Skilled Nursing Chiropractic/Acupuncture Services N/A Physical/Occupational Services (Medical Necessity) Rehabilitation Services N/A  Mental Outpatient N/A  Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Prescriptions Generic **10 Rx maximum, not to exceed 5 Brand Brand Formulary Brand Non-Formulary Brand Non-Formulary Manual Subst co-pay S50% Maintenance Meds  \$15 co-pay	Emergency Services	• •
Ambulance Plan pays 80%  Hospital Benefits Inpatient \$75 co-pay, Plan pays 80%  Inpatient Professional Services Plan pays 80%  Maternity & Newborn Care Same as any other illness  48 hours following a vaginal delivery  96 hours following a cesarean delivery  Mental Inpatient N/A  Additional Outpatient Services  Skilled Nursing N/A  Chiropractic/Acupuncture Services N/A  Physical/Occupational Services (Medical Necessity) N/A  Rehabilitation Services N/A  Mental Outpatient N/A  Substance Abuse Outpatient N/A  (12 visit maximum)  Durable Medical Equipment N/A  Prescriptions  Generic \$5.00 co-pay  **10 Rx maximum, not to exceed 5 Brand  Brand Formulary \$10.00 co-pay  Brand Non-Formulary \$10.00 co-pay  Maintenance Meds		\$25 co-pay Plan pays 80%
Some as any other illness   Same as any other illness		Plan pays 80%
Inpatient Professional Services Plan pays 80%  Maternity & Newborn Care Same as any other illness 48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient N/A  Additional Outpatient Services  Skilled Nursing N/A  Chiropractic/Acupuncture Services N/A  Physical/Occupational Services (Medical Necessity) Rehabilitation Services N/A  Mental Outpatient N/A  Substance Abuse Outpatient (12 visit maximum)  Durable Medical Equipment N/A  Prescriptions  Generic \$5.00 co-pay  **10 Rx maximum, not to exceed 5 Brand  Brand Formulary \$10.00 co-pay  Brand Non-Formulary \$50%  Maintenance Meds	Hospital Benefits	T. J.
Maternity & Newborn Care 48 hours following a vaginal delivery 96 hours following a cesarean delivery  Mental Inpatient  Additional Outpatient Services  Skilled Nursing  Chiropractic/Acupuncture Services  Physical/Occupational Services (Medical Necessity)  Rehabilitation Services  M/A  Mental Outpatient  N/A  Substance Abuse Outpatient  (12 visit maximum)  Durable Medical Equipment  Prescriptions  Generic  **10 Rx maximum, not to exceed 5 Brand  Brand Formulary  Brand Non-Formulary  \$10.00 co-pay  Brand Non-Formulary  \$50%  Maintenance Meds		\$75 co-pay, Plan pays 80%
48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient  Additional Outpatient Services Skilled Nursing N/A Chiropractic/Acupuncture Services N/A Physical/Occupational Services (Medical Necessity) N/A Rehabilitation Services N/A Mental Outpatient N/A Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Prescriptions Generic *5.00 co-pay **10 Rx maximum, not to exceed 5 Brand Brand Formulary Brand Non-Formulary So% Maintenance Meds  *15 co-pay	Inpatient Professional Services	Plan pays 80%
48 hours following a vaginal delivery 96 hours following a cesarean delivery Mental Inpatient  Additional Outpatient Services Skilled Nursing N/A Chiropractic/Acupuncture Services N/A Physical/Occupational Services (Medical Necessity) N/A Rehabilitation Services N/A Mental Outpatient N/A Substance Abuse Outpatient (12 visit maximum) Durable Medical Equipment Prescriptions Generic *5.00 co-pay **10 Rx maximum, not to exceed 5 Brand Brand Formulary Brand Non-Formulary So% Maintenance Meds  *15 co-pay	Maternity & Newborn Care	Same as any other illness
96 hours following a cesarean delivery  Mental Inpatient  Additional Outpatient Services  Skilled Nursing  Chiropractic/Acupuncture Services  Physical/Occupational Services (Medical Necessity)  Rehabilitation Services  N/A  Mental Outpatient  N/A  Substance Abuse Outpatient (12 visit maximum)  Durable Medical Equipment  Prescriptions  Generic  **10 Rx maximum, not to exceed 5 Brand  Brand Formulary  Brand Non-Formulary  \$10.00 co-pay  Brand Non-Formulary  \$50%  Maintenance Meds	48 hours following a vaginal delivery	·
Mental Inpatient N/A  Additional Outpatient Services  Skilled Nursing N/A  Chiropractic/Acupuncture Services N/A  Physical/Occupational Services (Medical Necessity) N/A  Rehabilitation Services N/A  Mental Outpatient N/A  Substance Abuse Outpatient N/A  (12 visit maximum)  Durable Medical Equipment N/A  Prescriptions  Generic \$5.00 co-pay  **10 Rx maximum, not to exceed 5 Brand  Brand Formulary \$10.00 co-pay  Brand Non-Formulary \$50%  Maintenance Meds \$15 co-pay	96 hours following a cesarean delivery	
Skilled Nursing N/A Chiropractic/Acupuncture Services N/A Physical/Occupational Services (Medical Necessity) N/A Rehabilitation Services N/A Mental Outpatient N/A Substance Abuse Outpatient N/A (12 visit maximum) Durable Medical Equipment N/A  Prescriptions Generic \$5.00 co-pay **10 Rx maximum, not to exceed 5 Brand Brand Formulary \$10.00 co-pay Brand Non-Formulary 50% Maintenance Meds \$15 co-pay	Mental Inpatient	N/A
Skilled Nursing N/A Chiropractic/Acupuncture Services N/A Physical/Occupational Services (Medical Necessity) N/A Rehabilitation Services N/A Mental Outpatient N/A Substance Abuse Outpatient N/A (12 visit maximum) Durable Medical Equipment N/A  Prescriptions Generic \$5.00 co-pay **10 Rx maximum, not to exceed 5 Brand Brand Formulary \$10.00 co-pay Brand Non-Formulary 50% Maintenance Meds \$15 co-pay	Additional Outpatient Services	
Chiropractic/Acupuncture Services N/A Physical/Occupational Services (Medical Necessity) N/A Rehabilitation Services N/A Mental Outpatient N/A Substance Abuse Outpatient N/A (12 visit maximum) Durable Medical Equipment N/A  Prescriptions Generic \$5.00 co-pay **10 Rx maximum, not to exceed 5 Brand Brand Formulary \$10.00 co-pay Brand Non-Formulary 50% Maintenance Meds \$15 co-pay		N/A
Physical/Occupational Services (Medical Necessity)  Rehabilitation Services  N/A  Mental Outpatient  Substance Abuse Outpatient (12 visit maximum)  Durable Medical Equipment  Prescriptions  Generic  *10 Rx maximum, not to exceed 5 Brand  Brand Formulary  Brand Non-Formulary  Maintenance Meds  N/A  P10.00 co-pay  \$10.00 co-pay  \$15 co-pay		
Rehabilitation Services  Mental Outpatient  Substance Abuse Outpatient (12 visit maximum)  Durable Medical Equipment  Prescriptions  Generic  **10 Rx maximum, not to exceed 5 Brand  Brand Formulary  Brand Non-Formulary  Maintenance Meds  N/A  Prescriptions  \$5.00 co-pay  \$10.00 co-pay		
Mental Outpatient N/A Substance Abuse Outpatient N/A (12 visit maximum) Durable Medical Equipment N/A  Prescriptions Generic \$5.00 co-pay **10 Rx maximum, not to exceed 5 Brand Brand Formulary \$10.00 co-pay Brand Non-Formulary \$50% Maintenance Meds \$15 co-pay	Rehabilitation Services	
Substance Abuse Outpatient (12 visit maximum)  Durable Medical Equipment  Prescriptions  Generic **10 Rx maximum, not to exceed 5 Brand  Brand Formulary  Brand Non-Formulary  Maintenance Meds  N/A  **5.00 co-pay  **5.00 co-pay  **10.00 co-pay		
(12 visit maximum)  Durable Medical Equipment  Prescriptions  Generic  **10 Rx maximum, not to exceed 5 Brand  Brand Formulary  Brand Non-Formulary  Maintenance Meds  **15 co-pay	Substance Abuse Outpatient	
Durable Medical Equipment N/A  Prescriptions  Generic \$5.00 co-pay  **10 Rx maximum, not to exceed 5 Brand  Brand Formulary \$10.00 co-pay  Brand Non-Formulary \$50%  Maintenance Meds \$15 co-pay		- ···*
Prescriptions  Generic \$5.00 co-pay  **10 Rx maximum, not to exceed 5 Brand  Brand Formulary \$10.00 co-pay  Brand Non-Formulary \$50%  Maintenance Meds \$15 co-pay		N/A
Generic \$5.00 co-pay  **10 Rx maximum, not to exceed 5 Brand  Brand Formulary \$10.00 co-pay  Brand Non-Formulary \$50%  Maintenance Meds \$15 co-pay		
**10 Rx maximum, not to exceed 5 Brand Brand Formulary \$10.00 co-pay Brand Non-Formulary 50% Maintenance Meds \$15 co-pay		\$5.00 co-pay
Brand Formulary \$10.00 co-pay Brand Non-Formulary 50% Maintenance Meds \$15 co-pay	**10 Rx maximum, not to exceed 5 Brand	1 0
Brand Non-Formulary 50% Maintenance Meds \$15 co-pay	Brand Formulary	\$10.00 co-pay
Maintenance Meds \$15 co-pay		
		\$15 co-pay
	Specialty	

Minimum Essential Coverage & Mexico Panel included in all plans. Panel offered in Mexicali, B.C., San Luis, R.C., Sonora and Tijuana, B.C.

## **LIFE INSURANCE**

TYPE OF COVERAGE	BENEFIT
Employee Life	\$5,000.00
Benefits reduce 65% at age 65; 45% at age 70; 30% at age 75; Terminates at retirement.	
Accidental Death & Dismemberment	
Maximum Employee Benefit	\$5,000.00