



**SCHEDULE OF BENEFITS SUMMARY\***  
**STANADARD SMALL EMPLOYER HEALTH CARE PLAN**  
**(CONTINUED)**

INDEMNITY		PPO	
		NETWORK	OUT-OF-POCKET
Spinal Manipulation	80% of Allowable Charges up to a maximum 20 visits each Calendar Year		
Organ Transplant	80% to \$250,000 Lifetime Maximum		
Rehabilitation Therapy			
a. Inpatient	80% of Allowable Charges for up to 15 days each Calendar Year		
b. Outpatient (PT, ST, and OT)	80% to \$2,000 each Calendar Year		
Outpatient neurological and psychological testing and evaluation	80% to \$500 each Calendar Year		
Durable Medical Equipment	80% to \$5,000 each Calendar Year 80% to \$1,500 each Calendar Year		
Home and Hospice Care Home Nursing Care and Therapy	80%, up to 130 visits each Calendar Year		
Home Health Care	80%, up to 6-months of covered hospice care (See Policy for further information).		
Hospice	80% of Allowable Charges		
Ambulance	80% of Allowable Charges		
Air Ambulance Transportation	\$200 benefit reduction if hospitalization is not precertified		
Precertification			

**SCHEDULE OF BENEFITS SUMMARY\***  
**BASIC SMALL EMPLOYER HEALTH CARE PLAN**

INDEMNITY

Calendar Year	
Deductible	
-individual	\$1,000
-family	\$3,000
Inpatient Hospital (including Mental and Nervous - Chemical dependency - Hospice and Rehabilitation admission)	50% of next \$8,000, 100% thereafter
Coinsurance	
Lifetime Maximum (Total amount in benefits that this Policy will pay towards covered services during a Covered Person's lifetime)	\$1,000,000
<u>Other Benefits/Limits</u>	
Inpatient Hospital & Surgery (Physician Services)	50% of Allowable Charges
Hospital emergency room (deductible waived if admitted)	\$75 deductible, then 50%
Prescription Drug	\$200 separate deductible* then 50% up to a maximum benefit of \$2,000 each Calendar Year
Preventive Care (including routine exams, pap smears, and childhood immunizations)	100% up to \$200 annual maximum benefit
Mammograms	(State Mandate)
Outpatient Hospital	50% of Allowable Charges
Maternity (including pre-natal, delivery and post-natal care)	50% of Allowable Charges
Newborn while hospitalized	50% of Allowable Charges
Mental and nervous Inpatient Mental and Nervous	50% up to a maximum of 5 days inpatient treatment and diagnosis each Calendar Year
Outpatient Mental and Nervous	50% up to a maximum of \$3,000 each Calendar Year
Chemical Dependency inpatient and outpatient	50% up to State Mandated benefits

This Schedule summarizes the contract of insurance which you have purchased. In all instances, the actual contract will determine the benefits to which you are entitled.

\*Prescription Drug deductible does not accrue to the Calendar Year deductible.

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**(CONTINUED)**

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