

## Schedule of Benefits

### GOLD PLAN

**Preventive Services:**

Network Provider:

The Deductible, Coinsurance, and any Copayment are not applicable to Preventive Services. Benefits are paid at 100% of the PPO Allowance when services are provided through a Network Provider.

Non-Network:

Deductible, Coinsurance, and any Copayment are applicable to Preventive Services provided through a Non-Network Provider. Any Deductible, Coinsurance, and Copayment for services provided by a Non-Network Provider are not applied toward the annual Network Out-of-Pocket Expense Limit. Benefits are paid at 60% of the Usual and Reasonable charge.

**Deductible**

Network	\$250
Non-Network	\$250

**Out-of-Pocket Expense Limit**

Network	
Individual	\$6,600
Family	\$13,200
Non-Network	
Individual	\$6,600
Family	\$13,200

**Coinsurance Amount**

Network Provider:

80% of PPO Allowance for Covered Medical Expenses unless otherwise stated below.

Non-Network Provider:

60% of Usual and Reasonable Charge for Covered Medical Expenses unless otherwise stated below.

**Benefit Benefit Payment for Network Providers and Non-Network Providers**

This policy provides benefits based on the type of health care provider selected. This Policy provides access to both Network Providers and Non-Network Providers. Different benefits may be payable for Covered Medical Expenses rendered by Network Providers versus Non-Network Providers, as shown in the Schedule of Benefits.

Deductible, Copayments, or Coinsurance will be applied to services as indicated in the Schedule below.

**PPO Allowance** means the amount a Network Provider will accept as payment in full for Covered Medical Expenses.

**Preferred Provider Organization:** First Health

**THE COVERED MEDICAL EXPENSE FOR AN ISSUED POLICY WILL BE:**

1. THOSE LISTED IN THE COVERED MEDICAL EXPENSES PROVISION;
2. ACCORDING TO THE FOLLOWING SCHEDULE OF BENEFITS; AND
3. DETERMINED BY WHETHER THE SERVICE OR TREATMENT IS PROVIDED BY A NETWORK OR NON-NETWORK PROVIDER.

BENEFITS FOR COVERED INJURY / SICKNESS	IN-NETWORK	NON-NETWORK
<b>Ambulatory / Outpatient Services</b>		
Outpatient Surgery: Surgeon Services Anesthetist Assistance Surgeon	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Outpatient Surgery Miscellaneous	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Outpatient Facility Fee	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Diagnostic X-ray and Therapeutic Radiologic Services	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Laboratory Procedures (Outpatient)	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Primary Care Visit to Treat an Injury or Illness	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20
Specialists Visit	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20
Other Practitioner Office Visit	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20
Outpatient Physician's Visit	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20
Second Opinion Benefit	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20
<b>EMERGENCY SERVICE</b>		
Emergency Service Expense	80% of PPO Allowance for Covered Medical Expenses	80% of PPO Allowance for Covered Medical Expenses
Urgent Care	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20

Ambulance	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical
<b>HOSPITALIZATION - INPATIENT</b>		
Hospital Room & Board Expense	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Hospital Intensive Care Unit Expense - <i>in lieu of normal Hospital Room &amp; Board Expenses</i>	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Hospital Miscellaneous Expenses for Service & supplies, such as cost of operating room, lab tests, prescribed medicines, X-ray exams, therapeutic Service, casts & temporary surgical appliances, oxygen, blood & plasma, misc. supplies	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Preadmission Testing	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Physician's Visits while Confined	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Inpatient Surgery: Surgeon Services Anesthetist Assistance Surgeon	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Surgical Services Directly Affecting the Upper or Lower Jawbone Benefit	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Mastectomy Benefit and Reconstructive Breast Surgery	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Reconstructive Surgery Benefits	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Bariatric (Weight Loss) Surgery	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
General Anesthesia for Dental Procedures	80% of PPO Allowance for covered dental expenses	60% of Usual & Reasonable Charge for covered dental expenses
Organ Transplant	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Hospice Care Coverage	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical

Physical Therapy (inpatient)	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20
Registered Nurse's Services	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Skilled Nursing Facility, for up to 100 days per Policy Year	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
<b>MATERNITY AND NEWBORN CARE</b>		
Routine Prenatal Care	100% of PPO Allowance for	60% of Usual & Reasonable
Hospital stay for mother and child	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Inpatient Physician charges or Surgeon charges	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Physician directed Follow-up Care	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20
Maternity Pre-Natal Alpha Feto Protein Test	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Breast Feeding Support and Supplies	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Routine Newborn Care	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
<b>MENTAL HEALTH DISORDER AND SUBSTANCE USE DISORDER SERVICES</b>	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
<b>PRESCRIPTION DRUGS</b>		
Prescription Drugs Includes injectable drugs	100% of Usual & Reasonable Charge for Covered Rx Expenses Copayment: \$10 Generic Copayment: \$25 Preferred Brand Copayment: \$50 Non-Preferred Brand Diabetic drugs included See Prescription Card	No Benefit

Family Planning (includes Sterilization Operations or Procedures)	100% of PPO Allowance for Preventive Services	No benefit
AIDS Vaccine	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Rx Expenses
<b>REHABILITATION AND HABILITATIVE SERVICE</b>		
Rehabilitation Therapy (Outpatient)	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20
Habilitative Service (Outpatient)	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20
Behavioral Health Treatment for Pervasive Developmental Disorder or Autism	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20
Home Health Care Expenses, up to 100 visits per Policy Year	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20
Prosthetic and Orthotic Devices	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Special Shoe Benefit	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Contact lenses to Treat Aniridia and Aphakia	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Durable Medical Equipment	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
<b>LABORATORY SERVICES</b>		
Diagnostic Testing Service	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Specialty Diagnostic Service	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Breast Cancer Screening and Mammography	100% of PPO Allowance for Preventive Services	60% of Usual & Reasonable Charge for Covered Medical Expenses

Prostate Cancer Screening For male age 50 or over, one digital rectal exam and one prostate specific antigen test each Policy Year	100% of PPO Allowance for Preventive Services	60% of Usual & Reasonable Charge for Covered Medical Expenses
Colorectal Cancer Screening Benefit	100% of PPO Allowance for Preventive Services	60% of Usual & Reasonable Charge for Covered Medical Expenses
Cervical Cancer Screening	100% of PPO Allowance for Preventive Services	60% of Usual & Reasonable Charge for Covered Medical
HIV Testing	100% of PPO Allowance for Preventive Services	60% of Usual & Reasonable Charge for Covered Medical
<b>PREVENTIVE AND WELLNESS SERVICE AND CHRONIC DISEASE MANAGEMENT</b>		
Preventive Services including  Well-woman visits Routine vision care for Insureds over 18 Hearing and screening exams Lead screenings Allergy services	100% of PPO Allowance for Preventive Services	60% of Usual & Reasonable Charge for Covered Medical Expenses  Copayment: \$20
Preventive Cancer Screening Tests	100% of PPO Allowance for Preventive Services	60% of Usual & Reasonable Charge for Covered Medical Expenses
Diabetes Benefit including Diabetic Drugs and Supplies	On the same basis as any other Covered Sickness or Rx Expense	
Osteoporosis Coverage/Bone Mass Measurement Benefit	100% of PPO Allowance for Preventive Services	60% of Usual & Reasonable Charge for Covered Medical Expenses
Diethylstilbestrol (DES) Exposure Coverage	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Phenylketonuria (PKU) Testing and Treatment Benefit	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Dental Services in Preparation for Radiation Therapy Benefit	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
<b>PEDIATRIC SERVICES, INCLUDING ORAL AND VISION CARE</b>		
Pediatric Immunizations	100% of PPO Allowance for Preventive Services	60% of Usual & Reasonable Charge for Covered Medical Expenses
Pediatric Asthma Services	80% of PPO Allowance Charge for Covered Rx Expenses	60% of Usual & Reasonable Charge for Covered Rx Expenses



Comprehensive Pediatric Preventive Services	100% of PPO Allowance for Preventive Services	60% of Usual & Reasonable Charge for Covered Medical Expenses
Pediatric Dental Care Benefit	See Benefit for limitations	See Benefit for limitations
Preventive Dental Care - Limited to 2 dental exams every 12 months	100% of PPO Allowance for Preventive Services	60% of Usual & Reasonable for Preventive Services
<i>The benefit amount payable for the following services is different from the benefit amount payable for Preventive Dental Care:</i>	See Benefit for limitations	See Benefit for limitations
Routine Dental Care Emergency Dental Endodontic Services Prosthodontic Services Medically Necessary Orthodontic Care	50% of Usual & Reasonable for Covered Medical Expenses	50% of Usual & Reasonable for Covered Medical Expenses
Pediatric Vision Care Benefit, Limited to 1 visit and 1 pair of prescribed lenses and frames per Policy Year	100% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
<b>ADDITIONAL BENEFITS FOR COVERED INJURY/SICKNESS</b>		
Student Health Center/Infirmary Expense	100% of Usual & Reasonable Charge for Covered Medical Expenses	
Abortion Expense	80% of PPO Allowance for Covered Medical Expenses Copayment: \$20	60% of Usual & Reasonable Charge for Covered Medical Expenses Copayment: \$20
Medical Evacuation Expense – International Student and/or their Dependents and Domestic Student participating in a study abroad program	100% of Usual & Reasonable Charge for Covered Medical Expenses	
Repatriation Expense – International Students and/or their Dependents and Domestic Student participating in a study abroad program	100% of Usual & Reasonable Charge for Covered Medical Expenses	
Shots and Injections unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
<b>OTHER HEALTH BENEFITS</b>		
Accidental Injury Dental Treatment for Insured Person's over age 18	80% of PPO Allowance for covered dental expenses	60% of Usual & Reasonable Charge for covered dental expenses
Acupuncture	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Clinical Trials	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses

Dialysis Care	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Non-emergency transportation	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Organ Donation Service	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses
Ostomy, Urinary Supplies	80% of PPO Allowance for Covered Medical Expenses	60% of Usual & Reasonable Charge for Covered Medical Expenses