

Economical Plan

The policy will pay 100% of covered expenses up to the Lifetime Maximum Benefit after you have met your Out-Of-Pocket Expenses⁽¹⁾

Lifetime Maximum Benefit	\$2,000,000										
Calendar Year Deductibles	\$1,000, \$1,500, \$2,500, \$3,500, \$5,000 Maximum <u>three</u> individual calendar year deductibles per family per calendar year										
Coinsurance/Stop Loss (after the covered person has satisfied the calendar year deductible and any applicable service deductibles and co-pays) PPO and Non-PPO stop loss accumulate separately	<table border="1"> <thead> <tr> <th><u>PPO - Stop Loss</u></th> <th><u>Non-PPO - Stop Loss</u></th> </tr> </thead> <tbody> <tr> <td>80/20%-\$5,000</td> <td>60/40%-\$10,000</td> </tr> <tr> <td>80/20%-\$10,000</td> <td>60/40%-\$20,000</td> </tr> <tr> <td>*50/50%-\$5,000</td> <td>*50/50%-\$10,000</td> </tr> <tr> <td>*50/50%-\$10,000</td> <td>*50/50%-\$20,000</td> </tr> </tbody> </table> <p><i>*CO only</i></p>	<u>PPO - Stop Loss</u>	<u>Non-PPO - Stop Loss</u>	80/20%-\$5,000	60/40%-\$10,000	80/20%-\$10,000	60/40%-\$20,000	*50/50%-\$5,000	*50/50%-\$10,000	*50/50%-\$10,000	*50/50%-\$20,000
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Physician Office Visits - Co-pay ⁽²⁾ applies to physician office visit <u>charge</u>	<p>\$45 PPO⁽³⁾ Covers office visit <u>charge</u> only Non-PPO⁽³⁾ - Subject to \$45 co-pay plus selected deductible and Non-PPO coinsurance</p>										
<p>Service Deductibles⁽²⁾⁽⁵⁾ *Hospital Emergency Room (per occurrence)</p> <p>*Inpatient Hospital Admission (per admission) *Outpatient Ambulatory Surgical Facility (per visit) *Outpatient Testing⁽⁴⁾ (per visit) *Outpatient MRI, CAT Scan, PET Scan and Nuclear Imaging Test (per test)</p>	<p>\$100 Waived if admitted as an inpatient immediately following emergency room visit</p> <p>\$200 \$200 \$200 \$200</p>										
Optional Benefits	<p>Outpatient Prescription Drugs Rx Co-pay Drug Card Rx Co-pays: \$15 Generic, \$30 Formulary, \$40 Brand Name Co-pay applies after a separate selected \$150, \$250, \$500 or \$1,000 Rx calendar year deductible per covered person</p> <hr/> <p>Supplemental Accident</p> <hr/> <p>24-Hour Occupational Coverage</p> <hr/> <p>Mental Illness and Nervous Disorders (<i>GA only</i>)</p>										

- (1) Out-of-pocket expenses include any applicable deductibles, co-pays, coinsurance, amounts in excess of usual, reasonable and customary charges and non-covered expenses.
- (2) Co-pay and service deductibles, if applicable, are in addition to the chosen calendar year deductible/coinsurance and do not apply to the calendar year deductible.
- (3) After co-pay, balance of PPO office visit charge is paid at 100%. All other covered services performed during the office visit (including x-rays and testing) are subject to the calendar year deductible and coinsurance. Non-PPO visits, after co-pay, balance of all covered expenses subject to calendar year deductible and Non-PPO coinsurance.
- (4) Applies to outpatient x-rays, laboratory and diagnostic testing not performed in a physician's office. Additionally, this Service Deductible does not apply to charges subject to the Outpatient MRI, CAT Scan, PET Scan, Nuclear Imaging Tests Service Deductible.
- (5) Service Deductibles' Family Maximum of \$3,000 per calendar year. Once the calendar year Family Maximum is met, no further service deductibles will apply for the balance of that calendar year.