SCHEDULE OF MEDICAL BENEFITS - TRADITIONAL OPTION
FOR
ELIGIBLE PARTICIPANTS AND DEPENDENTS

ALL BENEFITS PAYABLE UNDER THIS PLAN ARE SUBJECT TO THE APPLICABLE PLAN EXCLUSIONS AND LIMITATIONS AND MAXIMUM ELIGIBLE EXPENSE LIMITS OF THE PLAN

THE BENEFIT PERIOD IS A CALENDAR YEAR

MEDICAL BENEFIT COST SHARING

An individual Covered Person cannot receive credit toward the Family Deductible or Out-of-Pocket Maximum for more than the individual Annual Deductible or Out-of-Pocket Maximum than is stated below.

Annual Deductible per Covered Person per Benefit Period $750
Annual Deductible per Family per Benefit Period $1,500

The Deductible applies unless specifically indicated as waived

Benefit Percentage in excess of the Deductible
before satisfaction of Out-of-Pocket Maximum 80%
after satisfaction of Out-of-Pocket Maximum 100%

Out-of-Pocket Maximum per Covered Person $2,050*
Out-of-Pocket Maximum per Family $4,100*
*Includes the Annual Deductible

ACCIDENTAL INJURY BENEFIT

Deductible Waived, Benefit Percentage 100%
Maximum Benefit per Accident $300

HOSPITAL SERVICES

Deductible Applies, Benefit Percentage 80%
Hospital Room and Board Limitation ..... Average Semi-Private
Intensive Care Unit Limitation ..... Maximum Eligible Expense

CHIROPRACTIC CARE

Deductible Applies, Benefit Percentage 80%
Maximum Number of Treatments per Benefit Period 35
Maximum Benefit per treatment $25
Maximum Benefit for Diagnostic X-rays per Benefit Period $100

"Treatment" includes all services provided during a calendar day, except for X-rays

OFFICE VISIT BENEFIT

Deductible Waived*, Benefit Percentage 80%

***The Deductible is Waived only to charges billed for the evaluation and management (the consultation and examination in the physical presence of the provider in an office, clinic or other lutpatient setting). Additional charges for services, i.e. diagnostic lab, office surgery, diagnostic miscellaneous testing, allergy injections are subject to the Deductible and Benefit Percentage.**

NEWBORN INPATIENT NURSERY/PHYSICIAN CARE

Deductible Applies, Benefit Percentage 80%

PREVENTIVE CARE

Deductible Waived, Benefit Percentage 100%

Complete list of recommended preventive services can be viewed at:
https://www.healthcare.gov/coverage/preventive-care-benefits/

If any diagnostic x-rays, labs or other tests or procedures are ordered or provided in connection with any of the Preventive Care covered services, those tests or procedures will not be covered as Preventive Care and will be subject to the cost sharing that applies to those specific services.

ROUX-EN-Y DIVIDED GASTRIC BYPASS SURGERY BENEFIT

Deductible Applies, Benefit Percentage 80%
Maximum Lifetime Benefit limited to one procedure $25,000
Other Limitations:

1. Limited to Covered Employees only
2. Limited to One procedure per Lifetime per Covered Person
3. No coverage if any previous bariatric surgical procedure

MENTAL ILLNESS (other than office visit)

Deductible Applies, Benefit Percentage 80%

ALCOHOLISM, AND/OR CHEMICAL DEPENDENCY (other than office visit)

Deductible Applies, Benefit Percentage 80%

SURGICAL IMPLANT AND/OR DEVICES AND RELATED SUPPLIES

Deductible Applies, Benefit Percentage 80%
Maximum Benefit per Implant for the following:
Orthopedic Implants $40,000
Cardiac Implants (except for LVAD and RVAD) $60,000
Cochlear Implants $85,000
LVAD / RVAD Implants $200,000

Maximums apply to any implantable device and all supplies associated with that implantable device.

Pre-treatment Review by the Plan is #strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.

MAXIMUM BENEFIT PER BENEFIT PERIOD FOR ALL CAUSES ..... None