Fixed Indemnity Medical Benefits - Value Plan

Value Plan	
Medical Network	First Health
Network Provider Must Accept Plan	Yes
Prescription Network	Optum
Pre-Existing Condition Limitation	None
Wellness Care	
Wellness Care (one per year)	$75
Inpatient Benefits	
Standard Care	$300 per day
Intensive Care Unit Maximum [1]	$400 per day
Inpatient Surgery	$2,000 per day
Anesthesia	$400 per day
Skilled Nursing *(for stays in a skilled nursing facility after a hospital stay)*	$100 per day
Outpatient Benefits [2]	
Annual Outpatient Maximum	$2,000
Physician Office Visit	$60 per day
Diagnostic (Lab)	$75 per day
Diagnostic (X-Ray)	$150 per day
Ambulance Services	$300 per day
Physical Therapy, Speech Therapy, Occupational Therapy	$50 per day
Emergency Room Benefit - Sickness	$100 per day
Emergency Room Benefit - Accident [3]	$300 per day
Outpatient Surgery	$500 per day
Anesthesia	$200 per day
Prescription Drugs (via reimbursement) [4, 5]	
Annual Maximum	$600
Generic Coinsurance / Brand Coinsurance	70% / 50%
Telemedicine	
Telemedicine Discount Service (phone/video)	$25 per visit

[1] Pays in addition to standard care benefit [2]All outpatient benefits are subject to the outpatient maximum [3] Covers treatment for off the job accidents only [4]Not subject to outpatient maximum [5] To file a claim, save your receipt and remit to Planned Administrators, Inc.

Monthly Premiums	Medical
Employee Only	$69.25
Employee + Child(ren)	$115.01
Employee + Spouse	$131.56
Employee + Family	$175.24

Dental, Vision, Term Life, Short Term Disability, & Accidental Loss Benefits

Accidental Loss of Life, Limb & Sight			
Employee Amount	$20,000	Child Amount (6 mos to 26 yrs old)	$5,000
Spouse Amount	$20,000	Infant Amount (15 days to 6 mos)	$2,500
Accidental Loss of Life, Limb & Sight is part of the Medical Benefits			

Dental Benefits						
	Waiting Period	Coinsurance	Annual Maximum Benefit	$750	Deductible	$50
Coverage A	None	80%	Exams, Cleanings, Intraoral Films, and Bitewings			
Coverage B	3 Months	60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures			
Coverage C	12 Months	50%	Periodontics, Crowns, Endodontics, Bridges and Dentures			

Vision Benefits		
	In-Network	Out-of-Network
Eye Examination for Glasses [1] (including dilation)	Copay: $10, plan pays 100%	Plan pays $35, you pay remainder
Frames [2]	Plan pays $110 allowance [4]	Plan pays $55
Standard Plastic Lenses for Glasses [1]	Copay: $25, plan pays 100%	Copay: $0, plan pays $25-$55 [3]
Standard Contact Lens Fit [1]	You pay up to $55	You pay 100% of the price
Premium Contact Lens Fit [1]	Plan pays 10% off the price	You pay 100% of the price
Contact Lenses or Disposable Lenses [1]	Plan pays $110 allowance [4]	Plan pays $88
Contact Lenses Medically Necessary [1]	Plan pays 100%	Plan pays $200

Group Term Life Benefits			
Employee Amount	$10,000 (reduces to $7,500 at 65; $5,000 at 70)	Child Amount (6 mos to 26 yrs old)	$5,000
Spouse Amount	$5,000 (terminates at age 70)	Infant Amount (15 days to 6 mos)	$1,000

Short-Term Disability			
Benefit	60% of base pay up to $150 per week	Waiting Period/Maximum Benefit Period	7 days/26 weeks

[1] Once every 12 months [2] Once every 24 months [3] Single Vision: $25, Bifocal: $40, Trifocal: $55 [4] Discount on balance above allowed amount; Frames: 20%, Conventional Contact Lenses: 15%

Monthly Premiums	Dental	Vision	Term Life	STD
Employee Only	$23.40	$10.49	$2.60	$18.20
Employee + Child(ren)	$63.18	$28.34	$3.90	n/a
Employee + Spouse	$46.80	$20.97	$3.90	n/a
Employee + Family	$88.92	$39.87	$7.80	n/a