

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
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Inpatient Benefits

Annual Inpatient Maximum ¹	No Limit
Standard Care	\$300 per day
Intensive Care Unit Maximum ²	\$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 ³

Annual Outpatient Maximum	\$2,000
Physician Office Visit (Virtual or In-person)	\$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 ⁴	\$300 per day
Outpatient Surgery	\$500 per day
Anesthesia	\$200 per day

Prescription Drugs (via reimbursement) ^{5,6}

Annual Maximum	\$600
Generic Coinsurance / Brand Coinsurance	70% / 50%

¹ subject to internal limits of plan ² Pays in addition to standard care benefit ³All outpatient benefits are subject to the outpatient maximum ⁴Covers treatment for off the job accidents only ⁵Not subject to outpatient maximum ⁶To file a claim, save your receipt and remit to Planned Administrators, Inc.

Premiums	Medical	
	Weekly	Biweekly
Employee Only	\$15.98	\$31.96
Employee + Child(ren)	\$26.54	\$53.08
Employee + Spouse	\$30.36	\$60.72
Employee + Family	\$40.44	\$80.88