

# 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 <sup>1</sup>	\$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 <sup>2</sup>	
Annual Outpatient Maximum	\$2,200
Physician Office Visit (Virtual or In-Person)	\$70 per day
Diagnostic (Lab)	\$90 per day
Diagnostic (X-Ray)	\$200 per day
Ambulance Services	\$350 per day
Physical Therapy, Speech Therapy, Occupational Therapy	\$50 per day
Emergency Room Benefit - Sickness	\$150 per day
Emergency Room Benefit - Accident <sup>3</sup>	\$300 per day
Outpatient Surgery	\$500 per day
Anesthesia	\$200 per day

Prescription Drugs <sup>5,6</sup>	
Annual Maximum	\$600
Generic Coinsurance / Brand Coinsurance	70% / 50%

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

Weekly Premiums	Medical
Employee Only	\$15.98
Employee + Child(ren)	\$26.54
Employee + Spouse	\$30.36
Employee + Family	\$40.44

Premium will be deducted every time you receive a payroll deduction. For weekly payrolls the amount is shown above, for other payroll cycles (every 2 weeks, twice a month, or monthly) the actual amount deducted will be prorated based on the weekly amount above. For example: Bi-weekly – weekly rate multiplied by 52 divided by 26