

# Select Coverage 100% / 70%



| Types of Coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PPO                                                                                                                                                                                                                                                                                                 | Non-PPO*                         |                                  |         |                                                                                                                                                                 |                                                                                |         |         |                                                                                |                                                                                |          |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
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| <b>Out-of-Pocket Expenses</b><br><table border="1"> <thead> <tr> <th rowspan="2">Annual Deductible Option PPO/Non-PPO</th> <th rowspan="2">Number of Individual Deductibles</th> <th colspan="2">Copays</th> <th colspan="4">Individual Out-of-Pocket Maximum Options (includes deductible and coinsurance)</th> <th colspan="4">Individual Out-of-Pocket Maximum Options (includes deductible and coinsurance)</th> </tr> <tr> <th>Office Visit</th> <th>Urgent Care</th> <th>5K</th> <th>10K</th> <th>15K</th> <th>20K</th> <th>5K</th> <th>10K</th> <th>15K</th> <th>20K</th> </tr> </thead> <tbody> <tr> <td>\$100/\$250</td> <td>3</td> <td>\$15</td> <td>\$30</td> <td>\$100</td> <td>\$100</td> <td>\$100</td> <td>\$100</td> <td>\$1,750</td> <td>\$3,250</td> <td>\$4,750</td> <td>\$6,250</td> </tr> <tr> <td>\$250/\$500</td> <td>3</td> <td>\$20</td> <td>\$40</td> <td>\$250</td> <td>\$250</td> <td>\$250</td> <td>\$250</td> <td>\$2,000</td> <td>\$3,500</td> <td>\$5,000</td> <td>\$6,500</td> </tr> <tr> <td>\$500/\$1,000</td> <td>3</td> <td>\$25</td> <td>\$50</td> <td>\$500</td> <td>\$500</td> <td>\$500</td> <td>\$500</td> <td>\$2,500</td> <td>\$4,000</td> <td>\$5,500</td> <td>\$7,000</td> </tr> <tr> <td>\$750/\$1,500</td> <td>3</td> <td>\$25</td> <td>\$50</td> <td>\$750</td> <td>\$750</td> <td>\$750</td> <td>\$750</td> <td>\$3,000</td> <td>\$4,500</td> <td>\$6,000</td> <td>\$7,500</td> </tr> <tr> <td>\$1,000/\$2,500</td> <td>3</td> <td>\$30</td> <td>\$60</td> <td>\$1,000</td> <td>\$1,000</td> <td>\$1,000</td> <td>\$1,000</td> <td>\$4,000</td> <td>\$5,500</td> <td>\$7,000</td> <td>\$8,500</td> </tr> <tr> <td>\$1,500/\$3,000</td> <td>3</td> <td>\$40</td> <td>\$80</td> <td>\$1,500</td> <td>\$1,500</td> <td>\$1,500</td> <td>\$1,500</td> <td>\$4,500</td> <td>\$6,000</td> <td>\$7,500</td> <td>\$9,000</td> </tr> <tr> <td>\$2,500/\$5,000</td> <td>3</td> <td>ded./coin</td> <td>ded.coin</td> <td>\$2,500</td> <td>\$2,500</td> <td>\$2,500</td> <td>\$2,500</td> <td>\$6,500</td> <td>\$8,000</td> <td>\$9,500</td> <td>\$11,000</td> </tr> </tbody> </table> <p><i>Amounts applied toward the in-network deductible do not apply toward satisfaction of the out-of-network deductible and vice versa. Amounts applied toward the in-network maximum coinsurance limit are credited to the out-of-network maximum coinsurance limit and vice versa. The maximum calendar year coinsurance limit will never be more than two times the out-of-network deductible and coinsurance.</i></p> | Annual Deductible Option PPO/Non-PPO                                                                                                                                                                                                                                                                | Number of Individual Deductibles | Copays                           |         | Individual Out-of-Pocket Maximum Options (includes deductible and coinsurance)                                                                                  |                                                                                |         |         | Individual Out-of-Pocket Maximum Options (includes deductible and coinsurance) |                                                                                |          |  | Office Visit | Urgent Care | 5K | 10K | 15K | 20K | 5K | 10K | 15K | 20K | \$100/\$250 | 3 | \$15 | \$30 | \$100 | \$100 | \$100 | \$100 | \$1,750 | \$3,250 | \$4,750 | \$6,250 | \$250/\$500 | 3 | \$20 | \$40 | \$250 | \$250 | \$250 | \$250 | \$2,000 | \$3,500 | \$5,000 | \$6,500 | \$500/\$1,000 | 3 | \$25 | \$50 | \$500 | \$500 | \$500 | \$500 | \$2,500 | \$4,000 | \$5,500 | \$7,000 | \$750/\$1,500 | 3 | \$25 | \$50 | \$750 | \$750 | \$750 | \$750 | \$3,000 | \$4,500 | \$6,000 | \$7,500 | \$1,000/\$2,500 | 3 | \$30 | \$60 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$4,000 | \$5,500 | \$7,000 | \$8,500 | \$1,500/\$3,000 | 3 | \$40 | \$80 | \$1,500 | \$1,500 | \$1,500 | \$1,500 | \$4,500 | \$6,000 | \$7,500 | \$9,000 | \$2,500/\$5,000 | 3 | ded./coin | ded.coin | \$2,500 | \$2,500 | \$2,500 | \$2,500 | \$6,500 | \$8,000 | \$9,500 | \$11,000 | <p><i>Family Out-of-Pocket Maximum is three times (PPO) and two times (Non-PPO) the Individual Out-of-Pocket Maximum</i></p> |  |  |  |  |  |  |  |
| Annual Deductible Option PPO/Non-PPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                     |                                  | Number of Individual Deductibles | Copays  |                                                                                                                                                                 | Individual Out-of-Pocket Maximum Options (includes deductible and coinsurance) |         |         |                                                                                | Individual Out-of-Pocket Maximum Options (includes deductible and coinsurance) |          |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Office Visit                                                                                                                                                                                                                                                                                        | Urgent Care                      |                                  | 5K      | 10K                                                                                                                                                             | 15K                                                                            | 20K     | 5K      | 10K                                                                            | 15K                                                                            | 20K      |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| \$100/\$250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                                                                                                                                                                                                                                                                                                   | \$15                             | \$30                             | \$100   | \$100                                                                                                                                                           | \$100                                                                          | \$100   | \$1,750 | \$3,250                                                                        | \$4,750                                                                        | \$6,250  |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| \$250/\$500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                                                                                                                                                                                                                                                                                                   | \$20                             | \$40                             | \$250   | \$250                                                                                                                                                           | \$250                                                                          | \$250   | \$2,000 | \$3,500                                                                        | \$5,000                                                                        | \$6,500  |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| \$500/\$1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3                                                                                                                                                                                                                                                                                                   | \$25                             | \$50                             | \$500   | \$500                                                                                                                                                           | \$500                                                                          | \$500   | \$2,500 | \$4,000                                                                        | \$5,500                                                                        | \$7,000  |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| \$750/\$1,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3                                                                                                                                                                                                                                                                                                   | \$25                             | \$50                             | \$750   | \$750                                                                                                                                                           | \$750                                                                          | \$750   | \$3,000 | \$4,500                                                                        | \$6,000                                                                        | \$7,500  |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| \$1,000/\$2,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3                                                                                                                                                                                                                                                                                                   | \$30                             | \$60                             | \$1,000 | \$1,000                                                                                                                                                         | \$1,000                                                                        | \$1,000 | \$4,000 | \$5,500                                                                        | \$7,000                                                                        | \$8,500  |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| \$1,500/\$3,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3                                                                                                                                                                                                                                                                                                   | \$40                             | \$80                             | \$1,500 | \$1,500                                                                                                                                                         | \$1,500                                                                        | \$1,500 | \$4,500 | \$6,000                                                                        | \$7,500                                                                        | \$9,000  |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| \$2,500/\$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3                                                                                                                                                                                                                                                                                                   | ded./coin                        | ded.coin                         | \$2,500 | \$2,500                                                                                                                                                         | \$2,500                                                                        | \$2,500 | \$6,500 | \$8,000                                                                        | \$9,500                                                                        | \$11,000 |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| <b>Coinsurance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 100%                                                                                                                                                                                                                                                                                                |                                  |                                  |         | 70%                                                                                                                                                             |                                                                                |         |         |                                                                                |                                                                                |          |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| <b>Physician Visits</b><br>Includes office call charges plus diagnostic X-ray and laboratory charges on the same day related to the office visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 100% after office visit copayment                                                                                                                                                                                                                                                                   |                                  |                                  |         | 70% of usual, customary, and reasonable (UCR) charges after deductible                                                                                          |                                                                                |         |         |                                                                                |                                                                                |          |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| <b>Urgent Care Visits</b><br>Includes urgent care diagnostic X-ray and laboratory charges on the same day related to the urgent care visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 100% after urgent care copayment                                                                                                                                                                                                                                                                    |                                  |                                  |         | 70% of UCR charges after deductible                                                                                                                             |                                                                                |         |         |                                                                                |                                                                                |          |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| <b>Routine Examinations - \$500 Calendar Year Maximum</b><br>Includes physical examinations including immunizations, routine mammograms, pap tests, and hearing and vision examinations.<br><i>For Ohio benefits, see the Ohio Select Coverage Brochure.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 100% after office visit copayment per examination<br>(For \$2,500/\$7,500 ded., routine benefit paid at 100% w/o copay)                                                                                                                                                                             |                                  |                                  |         | <b>Not covered:</b> Immunizations, mammograms, and lab costs for pap tests are covered as specified in the Certificate                                          |                                                                                |         |         |                                                                                |                                                                                |          |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| <b>Physician/Clinic Other Services</b><br>Includes durable medical equipment, home health care, hospital visits, and other physician services. Maximums may apply to some services. See certificate for details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 100% after deductible                                                                                                                                                                                                                                                                               |                                  |                                  |         | 70% of UCR charges after deductible                                                                                                                             |                                                                                |         |         |                                                                                |                                                                                |          |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| <b>Hospital Services</b><br><b>Inpatient</b> care, including semi-private room or intensive care unit, operating room, and ancillary services. <b>Outpatient</b> hospital care, including all medically necessary services and supplies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100% after deductible                                                                                                                                                                                                                                                                               |                                  |                                  |         | 70% of UCR charges after deductible                                                                                                                             |                                                                                |         |         |                                                                                |                                                                                |          |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| <b>Emergency Room Care &amp; Facility Charges</b><br>Includes all services performed in the emergency room, including emergency room physician charges and facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 100% after PPO deductible and \$100 copayment per visit<br>(Note: Non-PPO services are also subject to UCR)                                                                                                                                                                                         |                                  |                                  |         |                                                                                                                                                                 |                                                                                |         |         |                                                                                |                                                                                |          |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| <b>Prescription Drug Program</b><br>Prescription drug copayments do not apply toward out-of-pocket maximums. Up to a 90 day supply is allowed with mail order option.<br><i>If there is a tier 1 equivalent available for a tier 2 or non-preferred tier 3 drug, reimbursement will be made at the tier 1 equivalent rate.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Participating Pharmacy:</b><br>100% of eligible expenses after \$10 copayment tier 1, \$25 copayment tier 2, \$50 copayment tier 3<br><b>Mail Order Option:</b><br>100% of eligible expenses after \$25 copayment tier 1, \$62.50 copayment tier 2, \$125 copayment tier 3 up to a 90 day supply |                                  |                                  |         |                                                                                                                                                                 |                                                                                |         |         |                                                                                |                                                                                |          |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| <b>Mental Health, Alcohol and Drug Abuse Services</b><br>For groups with 51 or more employees**<br>For Indiana groups with 51 or more employees***<br>Combined lifetime maximum of \$25,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Inpatient and Outpatient charges including prescription drugs—benefits payable at 50% after deductible to a maximum payment of \$5,000 per calendar year                                                                                                                                            |                                  |                                  |         | Inpatient and Outpatient charges including prescription drugs—benefits payable at 50% of UCR after deductible to a maximum payment of \$2,500 per calendar year |                                                                                |         |         |                                                                                |                                                                                |          |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |
| <b>Lifetime Maximum</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Combined benefits from all sources not to exceed \$5,000,000                                                                                                                                                                                                                                        |                                  |                                  |         |                                                                                                                                                                 |                                                                                |         |         |                                                                                |                                                                                |          |  |              |             |    |     |     |     |    |     |     |     |             |   |      |      |       |       |       |       |         |         |         |         |             |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |               |   |      |      |       |       |       |       |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |      |      |         |         |         |         |         |         |         |         |                 |   |           |          |         |         |         |         |         |         |         |          |                                                                                                                              |  |  |  |  |  |  |  |

\* If provided by a PPO facility, services received from Non-PPO anesthesiologists, radiologists, and pathologists will be eligible for the PPO deductible and coinsurance levels, subject to UCR.

\*\* For groups with 51 or more employees, Mental Health, Alcohol and Drug Abuse Services per calendar year will be paid as follows: For PPO inpatient charges, benefits are payable at 50% after deductible up to 10 days of confinement; the benefits for PPO outpatient charges are payable at 50% after deductible up to 30 visits. For Non-PPO inpatient charges, benefits are payable at 50% after deductible up to 5 days of confinement; the benefits for Non-PPO outpatient charges are payable at 50% after deductible up to 15 visits.

\*\*\* For Indiana groups with 51 or more employees, the base plan will not include Mental Health benefits, however an optional package is available which includes Mental Health benefits covered on the same basis as any other covered expense. Alcohol and Drug Abuse Services will be paid at the 51 or more employee level as indicated in the above paragraph.

All copayments are not credited to the deductible, out-of-pocket, or coinsurance. The emergency room facility charge copayment is waived if patient is admitted within 24 hours.

| Optional Benefits                                                                                                                                                                                                                                                                                                | PPO                                                                                                                                                                                                                                                                                                | Non-PPO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Prescription Drug Program</b><br><i>If there is a tier 1 equivalent available for a preferred or non-preferred tier 3 drug, reimbursement will be made at the tier 1 equivalent rate.</i><br>The copayment for the Prescription Drug Program is not credited to the deductible, out-of-pocket or coinsurance. | <b>Participating Pharmacy:</b><br>100% of eligible expenses after \$10 copayment tier 1, \$20 copayment tier 2, \$35 copayment tier 3<br><b>Mail Order Option:</b><br>100% of eligible expenses after \$25 copayment tier 1, \$50 copayment tier 2, \$87.50 copayment tier 3 up to a 90 day supply |         |
| <b>Supplemental Accident Benefit</b> (Not available with \$2,500/\$5,000 deductible option)                                                                                                                                                                                                                      | \$500 per calendar year combined benefit from all sources                                                                                                                                                                                                                                          |         |

All payment illustrations include payment amounts as indicated for covered benefits, subject to the terms and provisions of the Certificate. The outlined benefits are intended to reflect the coverages provided in the Master Policy. A more detailed explanation of coverage is provided in the Certificate.