

## SCHEDULE OF BENEFITS

		ESSENTIAL		
Lifetime Maximum		\$1,000,000		
PPO— (Preferred Provider Organization)		NON-PPO	PPO	PPO
CALENDAR YEAR DEDUCTIBLE		\$2000	\$1000	\$500
MAXIMUM OUT OF POCKET EXPENSES		No cap	\$4000	\$2000
NON PRECERTIFICATION PENALTY - %		50%	35%	35
HOSPITALISATION—ROOM & BOARD**		50%	80%	80%
REHABILITATION		50%	80%	80%
Lifetime Maximum		\$4,000 (Per Year)		
SURGEON'S FEES		50%	80%	80%
EMERGENCY ROOM		50%	80%	80%
Annual Maximum		N/A		
DIAGNOSTIC TESTING BENEFIT MRI, CT SCANS, ENDOSCOPY, CARDIOVASCULAR STUDIES ** Annual Maximum		50%	80%	80%
		\$1,500 (Out Patient)		
PRESCRIPTION DRUGS Annual Maximum		50%	60%	60%
		\$500		
SECOND SURGICAL OPINION		50%	80%	80%
DOCTORS & SPECIALIST VISITS Annual Maximum		50%	60%	60%
		\$500		
ANNUAL PHYSICAL & GYNECOLOGICAL EXAMINATION Annual Maximum		100%	100%	100%
		\$100		
CHIROPRACTIC SERVICES Annual Maximum		50%	80%	80%
		\$320		
PRIVATE DUTY NURSING Annual Maximum		50%	80%	80%
		\$1,500		
ORGAN TRANSPLANT (Including Pre and Post Operative Treatments) **		50%	80%	80%
GROUND & AIR AMBULANCE BENEFIT ** GROUND Annual Maximum AIR Annual Maximum		100%	100%	100%
		\$150		
		\$10,000		
RADIOTHERAPY & CHEMOTHERAPY ** Annual Maximum		50%	80%	80%
		\$5,000		
CHRONIC CONDITIONS Annual Maximum		50%	80%	80%
		\$500		
AIDS-HIV Annual Maximum Lifetime Maximum		50%	80%	80%
		\$5,000		
		\$15,000		
PHYSICAL THERAPY Annual Maximum Lifetime Maximum		50%	80%	80%
		\$450		
		\$1,350		
MATERNITY ** Per Pregnancy Lifetime maximum of 3 pregnancies		80%	80%	80%
		\$4,000		
BIRTH ABNORMALITIES Maximum		50%	80%	80%
		\$10,000		
VISION Annual Maximum \$200		80%		
DENTAL—Diagnostic preventative or restorative		80%		
DENTAL—Major or replacement Annual Maximum \$1,000		50%		
**Pre-certification Required				