**SUMMARY OF MEDICAL BENEFITS**

**Applies to Medical OOP Maximum**

**Applies to Prescription Drugs OOP Maximum**

OOP = Out-of-Pocket

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>HDHP 1500</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Visits</strong></td>
<td>Deductible, then coinsurance</td>
</tr>
<tr>
<td>Teladoc</td>
<td>$45.00 per visit</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$1,500 Single Contract Only</td>
</tr>
<tr>
<td></td>
<td>$3,000 All Other Contracts</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80%/20%</td>
</tr>
<tr>
<td></td>
<td>Participant Liability:</td>
</tr>
<tr>
<td></td>
<td>$1,500 Single Contract Only</td>
</tr>
<tr>
<td></td>
<td>$3,000 All Other Contracts</td>
</tr>
<tr>
<td><strong>Medical OOP Maximum</strong></td>
<td>$3,000 Single Contract Only</td>
</tr>
<tr>
<td></td>
<td>$6,000 All Other Contracts</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Deductible, then coinsurance</td>
</tr>
<tr>
<td><strong>Prescription Drugs OOP Maximum</strong></td>
<td>Deductible, then coinsurance</td>
</tr>
</tbody>
</table>

This comparison of coverages is intended only as a general description for the principle features of the benefit plans. Please refer to the Benefit Document for details.
## SUMMARY OF MEDICAL BENEFITS

### Preventive Services
- Unlimited Services as Defined by PPACA

### In-Hospital
- **Pre-Certification**
  - Required for Non-Emergency, Non-Maternity Admissions

### Surgery
- **Hospital**
  - **Inpatient**
  - **Outpatient**
  - Deductible + 20% Coinsurance

### Physician’s Office
- Covered at 100% of Allowable Charges after Deductible

### Ambulatory Surgical Center
- Laboratroy/Pathology/X-Ray
  - Deductible + 20% Coinsurance
- Magnetic Resonance Imaging (MRI)
  - Deductible + 20% Coinsurance

### Work Related Injuries
- Deductible + 20% Coinsurance

### Therapy
- **Physical Therapy**
  - Deductible + 20% Coinsurance - 30 Visits per Illness or Injury
- **Occupational Therapy**
- **Speech Therapy**

### Spinal Manipulations
- Deductible + 20% Coinsurance - 30 Visits per Calendar Year

### Ambulance
- **Ground**
  - Deductible + 20% Coinsurance
- **Air**

### Mental Health
- Deductible + 20% Coinsurance

### Substance Abuse
- Deductible + 20% Coinsurance

### Dependent Eligibility
- End of Month Age 26

### Rehabilitation Services
- Deductible + 20% Coinsurance for Specified Conditions that Meet Criteria

### Plan Maximum
- Unlimited

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