### Summary of Benefits 2015 – 2016

#### Inpatient
- Semi Private Room: 80% Copay (In or Out of Network)
- Intensive Care: 80% Copay
- Hospital Misc.: 80% Copay
- Physician Visits: 80% Copay
- Surgery Benefits: 80% Copay (In or Out of Network)
- Surgery Fees: 80% Copay, 25% of surgeon fees
- Asst. Surgeon & Anesthesiologist: 80% Copay
- Outpatient Surgical (Subject to $500 Copay): 80% Copay

#### Outpatient
- Wellness Prevention & Immunization: Out of Network No Benefit
- Deductible & Copay Waived: 100% Copay
- Diagnostic X-Ray, Lab, PET Scans, MRI’s, Chemotherapy, Chiropractic, Occupational Therapy, Speech Therapy: 80% Copay, 60% R & C
- PET Scans, CT Scans & MRI’s: 80% Copay, 60% R & C
- Are Subject To $500 Copay Per Procedure
- Physical Therapy & Chiropractic: 80% Copay, 60% R & C
- One Visit Per Day
- Emergency Room: 80% Copay, 60% R & C
- $225 Copay per visit
Urgent Care $100 Copay Per Visit

Emergency Medical Transportation

Prescription Drugs Max

Generic Drugs $20 Copay

Brand Drugs $50 Copay

No Copay On Generic Contraceptives & Preventive Wellness Prescription (Birth Control Medication)

Dental Injury Up To 80% Actual Charges Up To $1,000 Per Dental Injury

Impacted Wisdom Teeth Covered 80% Copay

Injury From Club Or Intermural Sports Paid As An Other Injury

Mental Health/Alcoholism/Drug Abuse (Out-Patient $35 Copay) Deductible Is Waived Otherwise Paid As Any Other Benefit

Mandate Benefits State Paid As Required

Unless Stated – All Benefits Subject To A $500 Deductible, All Benefits Subject To A Maximum Out Of Pocket Benefit Of $6,350 than 100%