

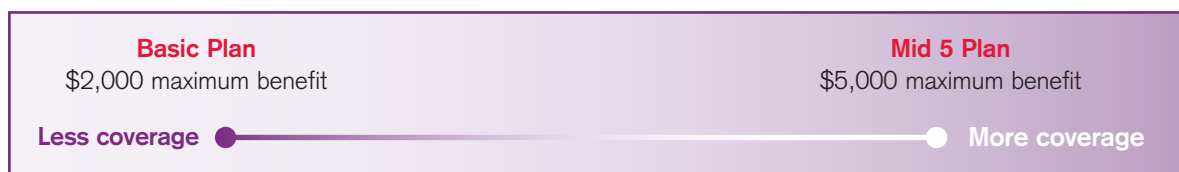
MEDICAL BENEFITS

Do you take any medication that requires a prescription? Do you need to see a doctor about a health concern? Want to know if you're actually healthy?

Medical insurance helps pay for the care you need when you're sick, injured or have an ongoing medical condition. And if you're not sick, medical insurance can help you stay healthy by offering checkups through the wellness benefit.

What You Get

Each plan offers a different level of coverage — so the higher the maximum benefit, the more the plan will pay when you need medical care.



Here's how medical insurance works:

1 You pay the **co-pay** for a doctor's office visit, convenient and urgent care clinic visits and prescriptions. Once you pay the **co-pay**, the insurance will pay the rest of the expenses up to the plan year maximum benefit.

OR

You pay the **deductible** for the plan year before the medical plan begins to pay for many services. Each dependent you sign up will have his or her own deductible. Deductible amounts will start over at the beginning of each plan year.

2 Once your deductible is met, the insurance begins to pay a portion of the total costs (**co-insurance**) for those services that required a deductible up to the **plan year maximum benefit**.

3 Benefits stop when the plan year maximum benefit is reached. Every time you get some kind of medical care, the insurance company keeps track of the actual cost of that service. For example, if you go to the doctor, you may only pay \$20, but the real cost could be \$150. So the difference between these amounts (\$130) is the benefit you received from the plan; it's the amount the insurance company pays.

These costs add up to a plan year maximum benefit (the most the plan will pay for services during the plan year). Once you reach your plan year maximum benefit, your insurance will not pay any additional charges for the remainder of that plan year. However, you will still receive network discounts even after you've reached your maximum plan year benefit. Each covered dependent will have his or her own maximum to reach.

The Mid 5 Plan has an outpatient plan year maximum where your **outpatient expenses**, like a doctor's office visit or filling a prescription, count toward your outpatient plan year maximum benefit.

Basic and Mid 5 Plans

These two plans differ in the plan year maximum benefit and the plan year deductible to help you make the best choice.

	Basic	Mid 5
Plan Year Maximum Benefit	\$2,000 per person	\$5,000 per person (up to \$1,500 for outpatient services)
Plan Year Deductible (you pay this once each plan year)	\$150 per person	Inpatient: \$150 per person Outpatient: \$150 per person

Get Your Checkup and Stay Healthy!*

The key to staying healthy is stopping health problems from getting too serious or preventing them from occurring in the first place. Conditions like diabetes and high cholesterol can lead to more serious illnesses like heart disease, so it's important to look for signs early on.

Here are some easy ways you can stay healthy and save money by having medical insurance:

For **\$20** ...
you can go to the doctor
and receive a checkup*

For **\$10** ...
visit a Convenience
Care Clinic*

For **\$5** ...
fill your prescription
with a generic drug*

For **\$0** ...
speak to a nurse
about a health concern

* Subject to policy benefit limits.



	You Pay	Plan Pays (up to the plan year maximum benefit)
Primary Care Office Visits (doctor charges, labs and diagnostics are included in your co-pay)	\$20 co-pay	100% of the remaining balance
Specialist Office Visits (doctor charges are included in your co-pay)	\$20 co-pay	100% of the remaining balance
Convenience Care Clinic Visits (Minute Clinic, Redi Clinic, The Little Clinic, Take Care Health and Fast Care Clinic)	\$10 co-pay	100% of the remaining balance
Wellness Benefit (checkup)	\$20 co-pay	100%, up to \$250
Diagnostic and Surgical Services (including labs and diagnostics done in a Specialty Provider's Office)	30% after deductible	70%
Emergency Room (for Emergencies)	30% after deductible	70%
Emergency Room (for Non-Emergencies)	\$250 deductible per visit and 50% of charges	50%
Inpatient Hospital Services	30% after deductible	70%
Prescription Drugs	Generic drugs: \$5 co-pay Brand-name drugs: \$50 co-pay	100% of the remaining balance

Some important things to know about your deductibles and maximums:

Basic Plan: Your plan year deductible applies to all inpatient and some outpatient services. Where a co-pay applies, you do not need to meet a deductible. For all other services, you need to meet the \$150 deductible first and then the plan pays a percentage of remaining allowable charges up to the plan year maximum benefit.

Mid 5 Plan: You have separate \$150 deductibles for inpatient and outpatient services. Certain outpatient services like doctor visits require a co-pay but no deductible. For all other outpatient services, and for all inpatient hospital services, you must first pay the plan year deductible, and then the plan will pay 70%, up to the plan year maximum benefit.

