

BENEFITS AT A GLANCE

Policy Number

214100-XGL

Medical Benefits - Plan 10k

Weekly Rates

Annual Plan Maximum (per person, all expenses)	\$10,000	Outpatient Benefits ²	
Annual Deductible - Individual	\$200	Annual Outpatient Maximum (per person)	\$1,500
Annual Deductible - Family	\$500	Outpatient Co-insurance ¹	80%
Inpatient Benefits ¹		Physician Office Visit Co-pay ³	\$15
Plan Co-insurance	80%	Physician Office Visit Co-insurance ³	100%
Daily Room & Board	\$400	Prescription Drug Co-insurance ¹	80%
Daily ICU Room & Board	\$800	Wellness Benefit ³	
Other Hospital Services Maximum	\$1,500	Annual Wellness Benefit Maximum	\$100
		Wellness Benefit Co-pay	\$15
Accidental Death and Dismemberment			
Employee Amount	\$10,000 ⁴	Child Amount (6 months to 24 years old)	\$5,000
Spouse Amount	\$5,000	Infant Amount (15 days to 6 months)	\$1,000
Employee Only \$20.91		Employee + One \$42.44	Employee + Family \$56.67
¹ All outpatient benefits are subject to the outpatient maximum ² subject to annual outpatient maximum ³ annual deductible does not apply ⁴ Reduces to \$7,500 at 65, \$5,000 at 70			

Dental Benefits

Weekly Rates

	Waiting Period	Co-insurance	Annual Maximum Benefit	Deductible
Coverage A	None	80%	\$750	\$50
Coverage B	3 months	60%	Exams, Cleanings, Intraoral Films and Bitewings	
Coverage C	12 months	50%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures	
			Periodontics, Crowns, Bridges, Endodontics and Dentures	
Employee Only \$5.23		Employee + One \$10.46	Employee + Family \$17.26	

Vision Benefits

Weekly Rates

	Frequency	Coinsurance	Deductible	Maximum Benefit
Eye Examination for Glasses	1 visit per 12 months	80%	\$5 per visit	\$25
Choice A: Eye Glasses				
Lenses	2 lenses per 12 months	75%	\$15 per purchase	\$35-\$75
Frames	1 pair per 12 months	75%	\$15 per purchase	\$25
Choice B: Contact Lenses	2 lenses per 12 months	75%	\$15 per purchase	\$95
Choice C: Disposable Lenses	Up to a 12 month supply per 12 months	75%	\$15 per purchase	\$75
Employee Only \$2.35		Employee + One \$4.00	Employee + Family \$5.64	

Short-Term Disability

Weekly Rates

Benefit	60% of Salary up to \$150 per week	Waiting Period / Maximum Benefit Period	7 days / 26 weeks
Employee Only \$4.20			

Term Life Benefits

Weekly Rates

Employee Amount	\$10,000 (Reduces to \$7,500 at 65, \$5,000 at age 70)	Child Amount (6 months to 24 years old)	\$5,000
Spouse Amount	\$5,000 (Terminates at age 70)	Infant Amount (15 days to 6 months)	\$1,000
Employee Only \$0.60		Employee + One \$0.90	Employee + Family \$1.80