

Inpatient and Outpatient Plan Highlights

COVERED HOSPITAL CHARGES

Your policy will provide a complete list of covered charges, limitations and exclusions.

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| <input checked="" type="checkbox"/> Hospital room and board | <input checked="" type="checkbox"/> Miscellaneous diagnostic services and medical supplies |
| <input checked="" type="checkbox"/> Intensive care | <input checked="" type="checkbox"/> Nursing care |
| <input checked="" type="checkbox"/> Surgery | <input checked="" type="checkbox"/> Prescription drugs while confined |
| <input checked="" type="checkbox"/> Anesthesia | <input checked="" type="checkbox"/> Organ transplants, as provided in the policy |
| <input checked="" type="checkbox"/> Emergency room services | |
| <input checked="" type="checkbox"/> Physician visits | |

COVERED OUTPATIENT CHARGES

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|--|---|
| <input checked="" type="checkbox"/> Pre-admission testing | <input checked="" type="checkbox"/> Oxygen, blood and plasma |
| <input checked="" type="checkbox"/> Ambulance | <input checked="" type="checkbox"/> Durable medical equipment |
| <input checked="" type="checkbox"/> Surgery and anesthesia | <input checked="" type="checkbox"/> Skilled nursing facility (\$75/day, 30 days per term) |
| <input checked="" type="checkbox"/> Second surgical opinion | <input checked="" type="checkbox"/> Home health care |
| <input checked="" type="checkbox"/> Physician services | <input checked="" type="checkbox"/> Complications of pregnancy |
| <input checked="" type="checkbox"/> Mammogram | <input checked="" type="checkbox"/> Diabetes treatment, prescription drugs and devices |
| <input checked="" type="checkbox"/> Physical, occupational and speech therapies (\$1,000 per term) | <input checked="" type="checkbox"/> Breast Cancer screening |
| <input checked="" type="checkbox"/> X-ray and lab tests | <input checked="" type="checkbox"/> Medical foods to treat Inherited Metabolic Disorders (50% Benefit Percentage) |
| <input checked="" type="checkbox"/> Chemotherapy | |
| <input checked="" type="checkbox"/> Hospital-type equipment for kidney dialysis | |
| <input checked="" type="checkbox"/> Radiation treatment | |

OTHER PLAN HIGHLIGHTS

- Freedom to choose your own hospitals and physicians
- Discount prescription drug card
- Extension of benefits after the policy ends (see policy for details)
- \$10,000 Accidental Death and Dismemberment Benefit for you or your spouse only, including dismemberment and loss of sight