



MEDICAL PLAN HIGHLIGHTS



ANNUAL DEDUCTIBLE	\$200 Individual* \$350 Family Maximum*	None	None
ANNUAL INDIVIDUAL STOP-LOSS	\$2000 of Eligible Expenses after Deductible	\$1500 Total Co-Pays per Member \$3000 Total Co-Pays per Family	\$2000 Total Co-Pays per Member \$6000 Total Co-Pays per Family
PHYSICIAN VISITS	90% In-Network/Eligible Exp 75% Out-of-Network/Eligible Exp	\$5.00 Co-Pay per Visit	\$5.00 Co-Pay per Visit
PRESCRIPTIONS	\$5.00 Generic \$12.00 Brand	\$5.00 Co-Pay Sexual Dysfunction RX @ 50%	\$5.00 Co-Pay Sexual Dysfunction RX Not Covered
HOSPITALIZATION	90% In-Network/Eligible Exp* 75% Out-of-Network/Eligible Exp*	Covered @ 100%	Covered @ 100%
MATERNITY	90% In-Network/Eligible Exp 75% Out-of-Network/Eligible Exp	\$5.00 Co-Pay for Dr. Visits 100% Hospitalization	\$5.00 Co-Pay for Dr. Visits 100% Hospitalization
EMERGENCY ROOM SERVICES	90% In-Network/Eligible Exp 75% Out-of-Network/Eligible Exp	\$35.00 Co-Pay per Visit	\$50.00 Co-Pay per Visit
CHIROPRACTIC	90% In-Network/Eligible Exp* 75% Out-of-Network/Eligible Exp*	Not Covered	Not Covered
LAB & DIAGNOSTIC X-RAYS	90% In-Network/Eligible Exp 75% Out-of-Network/Eligible Exp	Covered @ 100%	Covered @ 100%
SURGERY	90% In-Network/Eligible Exp 75% Out-of-Network/Eligible Exp	Covered @ 100%	Covered @ 100%
PREVENTIVE or ROUTINE SERVICES (Well Baby Care, Immunizations, etc.)	Not Covered except Mammograms w/Dr. Referral	Covered	Covered
PRE-EXISTING CONDITIONS	Employee: 6 MO Waiting Period Dependents: 12 MO Waiting Period*	No Waiting Period	No Waiting Period
LIFETIME PLAN MAXIMUM	None	None	None

* Consult your Summary Plan Description or check with your District Benefits Office for additional information.