

BENEFITS AT A GLANCE

Policy Number

247700-AVI

Medical Benefits - Plan 3

Weekly Rates

Inpatient Benefits		Outpatient Benefits ¹	
Standard Care Maximum	\$700 per day	Annual Outpatient Maximum	\$2,250
Intensive Care Unit Maximum ²	\$800 per day	Physician Office Visit	\$100 per day
Inpatient Surgery	\$4,000 per day	Diagnostic Lab	\$75 per day
Anesthesiology	\$800 per day	Diagnostic X-ray	\$200 per day
First Hospital Admission (one per year)	\$500	Ambulance Services	\$300 per day
Skilled Nursing payable for stays in a skilled nursing facility after a hospital stay	\$100 per day	Physical, Occupational, and Speech Therapy	\$50 per day
		Emergency Room - Sickness	\$200 per day
		Emergency Room - Accident	\$1000 per day
Prescription Drug ³		Outpatient Surgery	\$1000 per day
Prescription Drug Annual Maximum	\$600	Anesthesiology	\$400 per day
Prescription Drug Benefits	\$15 per day		
Wellness Care			
Wellness Care (one per year)	\$100		
Employee Only	\$31.28	Employee + One	\$63.48
		Employee + Family	\$84.77

¹ all outpatient benefits are subject to the outpatient maximum ² pays in addition to standard care benefit ³ not subject to outpatient maximum

Dental Benefits

Weekly Rates

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

Vision Benefits

Weekly Rates

	In-Network	Out-of-Network
Eye Examination for Glasses ¹ (including dilation)	Co-pay: \$10, plan pays 100%	Plan pays \$35, you pay remaining balance
Frames ²	Plan pays \$110 allowance ⁴	Plan pays \$55
Standard Plastic Lenses for Glasses ¹	Co-pay: \$25, plan pays 100%	Co-pay: \$0, plan pays \$25-\$55 ³
Standard Contact Lens Fit ¹	Plan pays up to \$55	You pay 100% of the price
Premium Contact Lens Fit ¹	Plan pays 10% off the price	You pay 100% of the price
Contact Lenses or Disposable Lenses ¹	Plan pays \$110 allowance ⁴	Plan pays \$88
Contact Lenses Medically Necessary ¹	Plan pays 100%	Plan pays \$200
Employee Only	\$2.35	Employee + One
		\$4.00
		Employee + Family
		\$5.64

¹ Once every 12 months ² Once every 24 months ³ Single Vision: \$25, Bifocal: \$40, Trifocal: \$55

⁴ Discount on balance above allowed amount; Frames: 20%, Conventional Contact Lenses: 15%

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 26 years old)	\$5,000
Spouse Amount	\$5,000 (terminates at age 70)	Infant Amount (15 days to 6 months)	\$1,000

Accidental Death and Dismemberment Benefit

Employee Amount	\$20,000	Child Amount (6 months to 26 years old)	\$5,000
Spouse Amount	\$20,000	Infant Amount (15 days to 6 months)	\$2,500
Employee Only	\$0.60	Employee + One	\$0.90
		Employee + Family	\$1.80

EXCLUSIONS AND LIMITATIONS

These are the standard limitations and exclusions. As they may vary by state, please see your summary plan description (SPD) for a more detailed listing.

MEDICAL

No benefits will be paid for loss caused by or resulting from:

- Intentionally self-inflicted injuries, suicide or any attempt while sane or insane;
- Declared or undeclared war;
- Serving on full-time active duty in the armed forces;
- The covered person's commission of a felony;
- Work-related injury or sickness, whether or not benefits are payable under workers' compensation or similar law;

No benefits will be paid for:

- Eye examinations for glasses, any kind of eye glasses, or vision prescriptions;
- Hearing examinations or hearing aids;
- Dental care or treatment other than care of sound, natural teeth and gums required on account of injury to the covered person resulting from an accident that happens while such person is covered under the policy, and rendered within 6 months of the accident;
- Services rendered in connection with cosmetic surgery, except cosmetic surgery that the covered person needs for breast reconstruction following a mastectomy or as a result of an accident that happens while such person is covered under the policy. Cosmetic surgery for an accidental injury must be performed within 90 days of the accident causing the injury and while such person's coverage is in force;
- Services provided by a member of the covered person's immediate family.

PRESCRIPTION DRUGS

No benefits will be paid for over-the-counter products or medications or for drugs and medications dispensed while you are in a hospital.

DENTAL

The plan will pay only for procedures specified on the Schedule of Covered Procedures in the group policy. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame. For more detailed information on Covered Procedures or limitations, please see your summary plan description.

VISION

No benefits will be paid for any materials, procedures or services provided under worker's compensation or similar law; non-prescription lenses, frames to hold such lenses, or non-prescription contact lenses; any materials, procedures or services provided by an immediate family member or provided by you; charges for any materials, procedures, and services to the extent that benefits are payable under any other valid and collectible insurance policy or service contract whether or not a claim is made for such benefits.

SHORT-TERM DISABILITY

No benefits are payable under this coverage in the following instances:

- Attempted suicide or intentionally self-inflicted injury;
- Voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you or your spouse, you or your spouse's child, sibling or parent; or a person who resides in your home;
- Declared or undeclared war or act of war;
- Your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony;
- Your participation in a riot;
- If you engage in an illegal occupation;
- Release of nuclear energy;
- Operating, riding in, or descending from any aircraft (including a hang glider). This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft; or
- Work-related injury or sickness.

Short-Term Disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

TERM LIFE WITH ACCIDENTAL DEATH & DISMEMBERMENT

No Life Insurance benefits will be payable under the policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the policy became effective.

For Accidental Death and Dismemberment benefits will not be payable for any loss caused in whole or in part by, or resulting in whole or in part from, the following:

Attempted suicide or intentionally self-inflicted injury; bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of poisonous food substance; voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you, your spouse or domestic partner; you, your spouse's or domestic partner's child; sibling or parent; or a person who resides in your home; declared or undeclared war or act of war; your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony; your participation in a riot; if you engage in an illegal occupation; release of nuclear energy; operating, riding in, or descending from any aircraft (including a hang glider). This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft; work-related injury or sickness.