

LIMITED BENEFITS SUMMARY


FIXED INDEMNITY MEDICAL BENEFIT


For more details, please see your Summary Plan Description.

The Fixed Indemnity Medical Plan pays a flat amount for a covered event caused by an accident or illness. If the covered event costs more, you pay the difference. But if the covered event costs less, you keep the difference.


| Outpatient Benefits ¹ | | Inpatient Benefits | |
|---|-----------------|---|-----------------|
| Physician Office Visit (Virtual or In-Person) | \$120 per day | Standard Care | \$700 per day |
| Diagnostic (Lab) | \$200 per day | Intensive Care Unit Maximum ³ | \$800 per day |
| Diagnostic (X-Ray) | \$300 per day | Inpatient Surgery | \$4,000 per day |
| Ambulance Services | \$300 per day | Anesthesia | \$800 per day |
| Physical, Speech, or Occupational Therapy | \$75 per day | Skilled Nursing ⁴ | \$100 per day |
| Emergency Room Benefit—Sickness | \$200 per day | First Hospital Admission (1 per year) | \$375 |
| Emergency Room Benefit—Accident ² | \$1,000 per day | Annual Inpatient Maximum ⁵ | No Limit |
| Outpatient Surgery | \$1,000 per day | Prescription Drugs (via reimbursement)^{6,7} | |
| Anesthesia | \$400 per day | Annual Maximum | \$700 |
| Annual Outpatient Maximum | \$2,300 | Per Day | \$40 |
| Wellness Care | | | |
| Wellness Care (one per year) | \$125 | | |


¹all outpatient benefits are subject to the outpatient maximum ²covers treatment for off the job accidents only ³pays in addition to standard care benefit ⁴for stays in a skilled nursing facility after a hospital stay ⁵subject to internal limits of plan ⁶not subject to outpatient maximum ⁷To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc.

| DENTAL BENEFIT | Waiting Period/Coinsurance | Annual Maximum Benefit | \$750 | Deductible | \$50 |
|--|----------------------------|--|-------|------------|------|
|  Coverage A | None / 100% | 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, Endodontics, Bridges and Dentures | | | |

| VISION BENEFIT | In-Network | | Out-of-Network | |
|---|---------------------------------------|--------------------------|----------------------|------------|
| | You Pay | Plan Pays | You Pay ³ | Plan Pays |
|  Eye Examination ¹ (including dilation) | \$10 Copay | 100% | 100% | \$35 |
| Exam Options (Standard or Premium Contact Lens Fit) | Up to \$55 or 10% off Retail Price | \$0 | 100% | up to \$40 |
| Frames ² | \$0 Copay, 80%, after \$100 allowance | \$100 allowance, 20% off | 100% | \$45 |
| Standard Plastic Lenses (single, bifocal, trifocal) ¹ | \$10 Co-pay | 20% off retail | 100% | \$25-\$55 |
| Lens Options | \$15 Copay | - | 100% | \$0 |
| Contact Lenses (Conventional) ¹ | \$0 Copay, 85% of remaining | \$80, plus 15% off | 100% | \$64 |
| Disposable Contact Lenses ¹ | \$0 Copay | \$80 allowance | 100% | \$0 |
| Medically Necessary Contact Lenses ¹ | \$0 Copay | 100% | \$0 | \$200 |

¹ Once every 12 months ² Once every 24 months ³ After plan payment

| GROUP TERM LIFE BENEFIT | | | |
|---|--|---|---------|
|  Employee Amount | \$10,000 (reduces to \$7,500 at 65; \$5,000 at 70) | Child Amount (6 mos to 26 yrs old) | \$5,000 |
| Spouse Amount | \$5,000 (terminates at age 70) | Infant Amount (15 days to 6 mos) | \$1,000 |
| ACCIDENTAL DEATH & DISMEMBERMENT (AD&D is part of the Group Term Life Benefit.) | | | |
| Employee Amount | \$20,000 | Child Amount (6 mos to 26 yrs old) | \$5,000 |
| Spouse Amount | \$20,000 | Infant Amount (15 days to 6 mos) | \$2,500 |

| SHORT-TERM DISABILITY BENEFIT | |
|--|--|
|  Benefit Amount | 60% of base pay up to \$150 per week |
| Waiting Period/Maximum Benefit Period | 7 days for injury or sickness / up to 26 weeks |

| LIMITED BENEFITS PREMIUM | Medical | | | Dental | | | Vision | | | Term Life | | | STD | | |
|--------------------------|---------|----------|--------------|---------|----------|--------------|--------|----------|--------------|-----------|----------|--------------|--------|----------|--------------|
| | weekly | biweekly | semi-monthly | weekly | biweekly | semi-monthly | weekly | biweekly | semi-monthly | weekly | biweekly | semi-monthly | weekly | biweekly | semi-monthly |
| Employee Only | \$19.96 | \$39.92 | \$43.25 | \$6.17 | \$12.34 | \$13.37 | \$1.67 | \$3.33 | \$3.61 | \$0.60 | \$1.20 | \$1.30 | \$4.20 | \$8.40 | \$9.10 |
| Employee + 1 | \$40.51 | \$81.02 | \$87.77 | \$12.34 | \$24.68 | \$26.74 | \$3.33 | \$6.66 | \$7.22 | \$0.90 | \$1.80 | \$1.95 | - | - | - |
| Employee + Family | \$54.09 | \$108.18 | \$117.20 | \$20.36 | \$40.72 | \$44.11 | \$5.28 | \$10.57 | \$11.45 | \$1.80 | \$3.60 | \$3.90 | - | - | - |