

The supplemental health plan provides reimbursement of eligible out-of-pocket medical expenses for employee-beneficiaries who are covered under a private sector, federal government or TRICARE group health plan.

SCHEDULE OF BENEFITS	
Plan Type	The group supplemental medical/hospital/surgical plan is secondary payer.
Annual Maximum Benefit Payable	\$3,100 per insured person.
Eligible Medical Expenses	Those out-of-pocket medical/hospital/surgical expenses listed under Covered Expenses.
Prescription Drug Benefit	Reimbursement for prescription drug co-payments charges shall not exceed \$15 per prescription drug (RX) and up to \$200 per year if enrolled in single/self coverage or \$600 per year if enrolled in family coverage. Reimbursement for prescription drugs co-payments counts towards the \$3,100 Annual Maximum Benefit Payable.
Plan Year	January 1, 2012 through June 30, 2013. (Annual maximums will be adjusted accordingly.)

Covered Expenses

The following medical/hospital/surgical care expenses are eligible under this supplemental health plan:

Preventive Services

- Newborn and well-baby care
- Immunizations
- One routine office visit/exam per year
- Routine well-woman exam
- Routine pap smear
- Routine mammogram
- Prostate screening
- Colorectal screening

Testing

- Allergy testing
- Diagnostic laboratory and pathology
- Radiology, CT scans, ultrasound and nuclear medicine

Chemotherapy and Radiation Therapy

Hospital and Facility Services

- Ambulatory surgical center
- Emergency room
- Outpatient hospital ancillary services
- Inpatient hospital room and board
- Inpatient anesthesia services
- Skilled nursing facility
- Birthing center

Physician Services

- Office, hospital and emergency room visits
- Consultations
- Routine obstetrical care
- Surgeon, assistant surgeon and anesthesia
- Physician Assistants, Nurse Midwives, etc. working under the direct supervision of a physician

Other Services

- Ambulance
- Appliances, braces, etc.
- Behavioral health services (in and outpatient)
- Cardiac Rehabilitation (short-term)
- Dialysis and related supplies
- Durable medical equipment
- Home therapies and health care
- Hospice care
- Inhalation (or respiratory) therapy
- Injections
- Physical therapy
- Prosthetics
- Speech therapy
- Tissue and organ transplants

Exclusions

This supplemental plan does not pay for government taxes, your primary group health plan deductibles or enrollment fees, services not specified as Covered Expenses, and services or benefits not paid by your primary group health plan, including but not limited to the following:

- Aromatherapy
- Behavior testing
- Chiropractic
- Hypnotherapy
- Massage therapy
- Naturopathy
- Rest cure
- Sleep therapy
- Eyeglasses; corrective lenses
- Hearing aids
- Counseling for Bereavement, Genetic, Sexual Identification
- Dental Care Services
- Disposable take home supplies
- Fertility/Infertility
- Reversal of voluntary sterilization
- Cost of storing or processing sperm
- Charges for donor sperm or ova
- Over the counter drugs
- Prescription drugs charges in excess of the benefit maximum or annual prescription drug benefit maximum
- Services for Which the Patient Has No Responsibility to Pay Due to:
 - Military or service-related condition
 - Workers' Compensation liability
 - Automobile related condition
- Government covered services
- Physical Examinations Related to
 - Employment
 - Insurance
 - Licensing
 - Court-order such as parole or probation
- Provider is an Immediate Family Member
- Transplants
 - Services for or transportation of a living donor
 - Mechanical or non-human organs
 - Organ purchase
- Acupuncture
- Biofeedback
- Bionic devices
- Blood or blood products
- Cosmetic surgery
- Complications of a non-covered procedure
- Custodial care
- Experimental or investigational services
- Eye exams, eye exercises
- Hair loss
- Homemaker services
- Oral travel immunizations
- Personal convenience items
- Photo-refractive keratectomy
- Radial keratotomy
- Routine foot care (unless medically necessary, e.g., diabetic)
- Self-help or self-cure
- Services not medically necessary
- Gender reassignment
- Stand-by time
- Travel and lodging cost
- Weight reduction programs
- Wigs
- Charges in excess of the eligible/allowable rates negotiated between any group health/medical plan and the provider or entity providing the service to the employee-beneficiary
- Group health plan deductibles that you have to satisfy in your primary group health plan
- Expenses or care that are not medically necessary or not prescribed by a licensed physician
- Expenses or care for cosmetic surgery performed mainly to change a person's appearance
- Expenses incurred prior to your coverage effective date of this Policy
- Expenses incurred after your termination date of this Policy
- Expenses exceeding the maximum benefit amount allowed under this Policy
- Expenses paid or payable under any other source including insurance plan/policy
- Benefits not covered by your primary group health plan
- Expenses not listed (eligible) under Covered Expenses in this Policy.

Claim Submission Requirements

1. Your provider must submit all claims to your group health plan first.
2. Once you or your provider obtains the Explanation of Benefits (EOB), you or your provider must forward the EOB to us and we will process your claim under this supplemental medical/hospital/surgical plan.
3. All claim payments will be payable to you.

Timely Submission of Claims

We must receive your claims before end of the 120-day period after the end of the plan year (June 30, 2013) or after your termination date, whichever is earlier. The Policy will not pay any claims received after this 120-day period.

Payment of Benefits

Approved claims shall be paid on monthly basis and after the close of the month. All reimbursement payments are payable directly to you. This Policy does not coordinate benefits with any providers.