

**SCHEDULE OF BENEFITS**

<b>Benefit</b>	<b>PPO Providers</b>	<b>Non-PPO Providers</b>
Lifetime Maximum		
Deductible		
Coinsurance Percentage Payable (except as noted)	%after Deductible of the first \$ of Covered Expenses per Calendar Year, 100% thereafter	% after Deductible of the first \$ of Covered Expenses per Calendar Year, 100% thereafter
Maximum Out-of-Pocket	\$ per person per Calendar Year (\$ per family aggregated)	\$ per person per Calendar Year (\$ per family aggregated)
Physician/Clinic Office Calls*		
Wellness Benefit		
Well Child Care		
Physician/Clinic Other Services Including: - Lab, - - Durable Medical Equip. - Home Health - Extended Care		
Hospital Services - Inpatient Charges - Outpatient Charges		
EmergencyRoom Charges		
Prescription Drugs		
Mental or Nervous Conditions and Substance Abuse	Inpatient:  Outpatient:  Transitional:	