

SCHEDULE OF MEDICAL BENEFITS FOR IPHC

Medical Benefits	Benefit Amount	
Lifetime Maximum	\$2,000,000	
Calendar Year Deductible		
Self-only	\$1,200	
Family	\$2,400	
	PPO	Non-PPO
Out-of-Pocket Maximum (Includes prescription drug charges)		
Single	\$2,500 (after deductible)	\$6,000 (after deductible)
Family	\$5,000 (after deductible)	\$12,000 (after deductible)
Coinsurance	50% (after deductible)	40% (after deductible)
Allergy Testing/Injections/Serum	50% (after deductible)	40% (after deductible)
Ambulance Services	50% (after deductible)	40% (after deductible)
Bereavement Counseling	50% (after deductible)	40% (after deductible)
Six visits lifetime maximum		
Birthing Centers	50% (after deductible)	40% (after deductible)
Chemotherapy/Radiation/Dialysis	50% (after deductible)	40% (after deductible)
Diagnostic Lab & X-Ray	50% (after deductible)	40% (after deductible)
Durable Medical Equipment	50% (after deductible)	40% (after deductible)
Emergency Room Services	50% (after deductible)	40% (after deductible)
Home Health Care	50% (after deductible)	40% (after deductible)
\$5,000 per calendar year		
Hospice Care	50% (after deductible)	40% (after deductible)
180 days lifetime maximum		
Impotence Treatment (Includes care, supplies, prescriptions and services for the diagnosis and treatment of impotence)	50% (after deductible)	40% (after deductible)
\$3,000 lifetime maximum		
Infertility Treatment (Includes care, supplies, prescriptions and services for the diagnosis and treatment of infertility)	50% (after deductible)	40% (after deductible)
\$3,000 lifetime maximum		
Inpatient Hospital Services (Must be pre-certified or penalty will apply)	50% (after deductible)	40% (after deductible)
Maternity Services	50% (after deductible)	40% (after deductible)
Mental or Nervous Disorders Treatment		
Outpatient	50% (after deductible)	40% (after deductible)
Inpatient	50% (after deductible)	40% (after deductible)
Occupational Therapy	50% (after deductible)	40% (after deductible)
\$2,000 per calendar year		
Orthotics/Prosthetics	50% (after deductible)	40% (after deductible)
Outpatient Hospital Services	50% (after deductible)	40% (after deductible)
Outpatient Surgery	50% (after deductible)	40% (after deductible)
Penalty For Failure To Pre-Certify Hospital Admissions	\$400	
Physical Therapy	50% (after deductible)	40% (after deductible)
\$2,000 per calendar year		
Physician's Services	50% (after deductible)	40% (after deductible)
Pre-Admission Testing	50% (after deductible)	40% (after deductible)
Private Duty Nursing	50% (after deductible)	40% (after deductible)
\$2,500 per calendar year		
Second Surgical Opinion	50% (after deductible)	40% (after deductible)
Skilled Nursing Facility Care	50% (after deductible)	40% (after deductible)
120 days per calendar year		
Speech Therapy	50% (after deductible)	40% (after deductible)
30 visits per calendar year		
Spinal Manipulation Treatment	50% (after deductible)	40% (after deductible)
\$750 per calendar year		
Substance Abuse/Substance Dependence Treatment		
Outpatient	50% (after deductible)	40% (after deductible)
Inpatient	50% (after deductible)	40% (after deductible)
Temporomandibular Joint Disorder	50% (after deductible)	40% (after deductible)
\$15,000 Lifetime Maximum		
Wellness Expense (Includes immunizations, flu shots, mammogram (annually for Covered Persons age 40 and over), pap smear, prostate exam, routine exam, routine lab and x-ray, bone density testing, routine colonoscopy, well child care, and hearing and vision exams (birth through age 24))	100% up to \$300, then 50% (after deductible)	40% (after deductible)

Prescription Drug Program	Retail (34-day supply)	Mail Order (90-day supply)
Name Brand (PPO Out-of-Pocket applies)	50% of prescription cost (after deductible)	50% of prescription cost (after deductible)
Generic (PPO Out-of-Pocket applies)	50% of prescription cost (after deductible)	50% of prescription cost (after deductible)

**Benefits paid at 100% after deductible and out-of-pocket are met*