

**= 4-Tier Discount Rx from Atlantic Prescription Services (APS) available in Nevada Please refer to your insurance Certificates of Coverage for full benefit information, including terms, definitions, conditions, limitations and exclusions from coverage of the Group Policy

BENEFIT	1500	3500	6500
Doctor's Office Visits Outpatient doctor's office visits (including chiropractic office consultations) are covered at the indicated amount per visit at the indicated maximum per person during each Calendar Year.	N/A	\$75 per visit\$150 max per Calendar Year	\$75 per visit\$225 max per Calendar Year
Outpatient Diagnostic Benefits covers outpatient diagnostic tests including:	\$50 per visit\$200 total max per Calendar Year	\$500 total max per Calendar Year:	\$1,000 total max per Calendar Year:
Lab Work/Blood Tests		\$20 per test/3 tests\$60 max per Calendar Year	\$35 per test/6 tests\$210 max per Calendar Year
X-Rays		\$70 per x-ray/2 x-rays\$140 max per Calendar Year	\$75 per x-ray/4 x-rays\$300 max per Calendar Year
Advanced Studies:		\$300 max per Calendar Year	\$490 max per Calendar Year
Angiogram/Arteriogram		\$270/test	\$400/test
EEG		\$50/test	\$80/test
Myelogram		\$90/test	\$130/test
CT		\$170/test	\$260/test
MRI Scans		\$220/test	\$330/test
PET		\$300/test	\$490/test
Hospitalization Covers per diem hospitalization, covered at the indicated amount per day at the indicated maximum per person during each Calendar Year, including stays for:	\$250 per dayUp to 10 days/\$2,500 max	\$500 per dayUp to 10 days/\$5,000 max	\$1,000 per dayUp to 10 days/\$10,000 max
Mental Illness	\$50 per day/10 day max	\$50 per day/10 day max	\$300 per day/10 day max
Substance Abuse Treatment	\$50 per day/10 day max	\$50 per day/10 day max	\$300 per day/10 day max
Skilled Nursing Facility	\$50 per day/10 day max	\$50 per day/10 day max	\$300 per day/10 day max
Inpatient Miscellaneous Hospital Expense Covers miscellaneous hospital expenses such as: • Lab Work • Blood Tests • X-Rays • Diagnostic Studies • Medication • Crutches • Bandages • Etc.	N/A	N/A	\$150 per day10 day max\$1,500 max per Calendar Year
Surgery Provides benefits for surgical costs according to a Surgical Schedule up to the following maximum amounts.	\$1,500 maximum per surgery	\$3,000 maximum per surgery	\$5,000 maximum per surgery
Anesthesia Provides benefits for anesthesia at 25% of amount paid by surgical coverage.	Limited to \$375 per surgery	Limited to \$750 per surgery	Limited to \$1,250 per surgery
Outpatient Surgical Facility Covers per diem	N/A	N/A	\$150 per surgery\$300 max per Calendar Year
Durable Medical Equipment: • Canes • Crutches • Walkers • Wheelchairs • Respiratory Equipment • Splints • Nebulizers • Neck Braces	\$50 per Calendar Year	\$50 per Calendar Year	\$100 per Calendar Year
Emergency Room Covers ER visits for illnesses which do not result in hospital confinement.	\$75 per visit\$300 max per Calendar Year	\$75 per visit\$300 max per Calendar Year	\$75 per visit\$300 max per Calendar Year
Accident Medical Expense This benefit is underwritten by Guarantee Trust Life Insurance Company ¹ (These benefits are under policy form MP-1300 issued to HCCUA) *Accident Medical Expense insurance provided by Presidential Life Insurance Company in DC, KY and ND with a 2 claim limit per Certificate (Policy) per Calendar Year	\$1,500 per Incident\$100 deductible per Incident *Maximum \$3,000 per Certificate (Policy) per Calendar Year	\$2,500 per Incident\$100 deductible per Incident *Maximum \$5,000 per Certificate (Policy) per Calendar Year	\$5,000 per Incident\$100 deductible per Incident *Maximum \$10,000 per Certificate (Policy) per Calendar Year
Accidental Death & Dismemberment This benefit is underwritten by Guarantee Trust Life Insurance Company (These benefits are under policy form MP-1300 issued to HCCUA) * = Accidental Death & Dismemberment insurance provided by Presidential Life Insurance Company in DC, KY and ND.	\$5,000 (loss of life) *Maximum \$10,000 per Certificate(Policy) per Calendar Year	\$5,000 (loss of life) *Maximum \$10,000 per Certificate(Policy) per Calendar Year	\$10,000 (loss of life) *Maximum \$20,000 per Certificate(Policy) per Calendar Year
Discount Prescription Drugs Average 20% Savings provided by OptumHealth Allies - Not Available in NV	Members enjoy average savings of 20% on commonly prescribed generic and name-brand drugs at approx. 60,000 leading drug stores and supermarkets nationwide, just by showing their Member ID Card.		
Mail Order Pharmacy Average 50% Savings - Not Available in NV	Members save an average of 50% off retail prices by using the Mail Order Pharmacy for recurring prescriptions. Provided by CVS Caremark FastStart service.		
**4-Tier Discount Drug Card - provided by Atlantic Prescription Services (APS) ** = Only Available in NV.	<ul style="list-style-type: none"> • Tier 1– Preferred brand & generic drugs are available for a fixed fee of \$10.00 or less for the scheduled quantity & dose; <ul style="list-style-type: none"> • Tier 2– \$20.00 or less for the scheduled quantity & dose; • Tier 3– \$40.00 or less for the scheduled quantity & dose; • Tier 4– Non-preferred brand & generic drugs at a special discounted price. Members are currently receiving an average discount of approximately 19% on brand name drugs. There is no guaranteed percentagesavings on every prescription purchase. 		

¹ The Accidental Medical Expense benefit insurance coverage through Guarantee Trust Life Insurance Company pays in excess of any other insurance coverage you may have for the expenses you are charged for a covered accident up to the maximum of the amount listed in your Certificate and is subject to a \$100 deductible.