

Build Your MaxPlanSM

Plan Design Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and are reset each January 1.

<p>Deductible Amount you pay toward covered expenses before the plan pays benefits <u>Choose any underlined deductible</u> – You'll receive a 24-month rate guarantee with the option to extend it to 36 months!*</p>	<p>\$500, \$1,000, \$1,500, <u>\$2,500</u>, <u>\$3,500</u>, <u>\$5,000</u>, <u>\$10,000</u>, <u>\$15,000</u> or <u>\$25,000</u> (Family deductible maximum is two times the deductible and is met collectively by two or more persons.) \$2,500 options: Extend your 12-month rate guarantee to 24 or 36 months! Choose \$15,000 or \$25,000 – Your deductible won't reset until 1/1/11!*</p>
<p>Benefit Percentage Percentage of covered expenses the plan pays after the deductible</p>	<p>100%, 80%, 70% or 50% (Georgia: 60% instead of 50%)</p>
<p>Coinsurance Percentage of covered expenses you pay after the deductible</p>	<p>0%, 20%, 30% or 50% (Georgia: 40% instead of 50%)</p>
<p>Coinsurance Out-Of-Pocket Maximum After this maximum is met, the plan pays 100% of covered expenses</p>	<p>\$0 to \$7,500 depending on coinsurance Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by two or more persons.</p>
<p>Office Visit Copay With this optional benefit, you pay your copay and the plan pays 100% of the remaining cost of an eligible network office visit including examination, consultation, evaluation, development of a treatment plan, immunizations and allergy shots. See page 8 for details.</p>	<p>\$35 copay Copay applies to each network office visit – no limits on visits</p>
<p>Lifetime Benefit Maximum The total maximum amount the plan pays</p>	<p>\$3 million or \$8 million</p>

Outpatient Benefits Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

<p>Prescription Drugs – Generic</p>	<p>\$15 copay (no deductible or coinsurance)</p>
<p>Prescription Drugs – Brand name</p>	<p>\$500 deductible / \$25 copay + 20% coinsurance (Family deductible maximum is \$1,000 and is met collectively by two or more persons.)</p>
<p>Preventive Services</p> <p>Mammograms, Pap tests and PSA screening</p> <p>Other covered preventive services</p>	<p>Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.</p> <p>Covered – with no special limits</p> <p>Up to \$1,000 in benefits</p> <ul style="list-style-type: none"> If selecting the Office Visit Copay, see page 8 for details
<p>Office Visits</p>	<p>Covered</p> <ul style="list-style-type: none"> If selecting the Office Visit Copay, see page 8 for details
<p>Diagnostic Imaging and Laboratory Services</p>	<p>Covered</p>
<p>Outpatient Hospital, Surgical Center or Urgent Care Facility</p>	<p>Covered</p>
<p>Professional Ground and Air Ambulance</p>	<p>Covered</p>
<p>Emergency Room</p>	<p>Covered</p> <ul style="list-style-type: none"> \$75 emergency room fee – waived if admitted to the hospital
<p>Health Care Practitioner Services</p>	<p>Covered</p>
<p>TelaDoc™ Medical Services*</p>	<p>Up to three FREE physician consultations by telephone*</p> <ul style="list-style-type: none"> Additional consultations are covered subject to deductible and coinsurance* and cost only \$35 each This service is not covered on plans designed with an Office Visit Copay option
<p>Outpatient Physical Medicine</p>	<p>Up to \$3,000 in benefits</p>
<p>Home Health Care</p>	<p>Up to 160 hours</p>

Inpatient Benefits Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

<p>Inpatient Hospital</p>	<p>Covered</p>
<p>Inpatient Rehabilitation Facility</p>	<p>Up to 90 days</p>
<p>Subacute Rehabilitation and Skilled Nursing Facilities</p>	<p>Up to 90 days</p>
<p>Transplants</p>	<p>Covered</p>
<p>Behavioral Health and Substance Abuse*</p>	<p>Inpatient and outpatient benefits are paid at 50% up to \$2,500*</p> <ul style="list-style-type: none"> Coinsurance does not apply to the out-of-pocket maximum

*Varies by state.

The amount of benefits depends upon the plan design components selected, and the premium varies with the amount of benefits. Plan design components are not available in all combinations. Out-of-network provisions may apply. See page 8 for details.