Idilus Schedule of Benefits 2014

	In-Network & Out Of Area	Out-Of-Network
CALENDAR YEAR DEDUCTIBLE		
Individual Deductible/Family Deductible	**$400.00/$1,200.00**	**$600.00/$1,800.00**
	(Deductible applies to all benefits)	(Deductible applies to all benefits)
Prescription Drug Benefits	**$25.00 per family member deductible**	**Prescription Solution Network Must be Utilized**
MAXIMUM OUT-OF-POCKET EXPENSES		
Per Covered Individual (after deductible)	**$1,600.00**	**$2,400.00**
Co-Insurance (Cost Sharing)	80%/paid by fund;20% paid by Individual	70% paid by fund; 30% paid by individual
Stop Loss	**Fund pays 100% after $1600 paid**	**Fund pays 100% after $2,400 paid**
CALENDAR YEAR MAXIMUM BENEFITS		
Physical/Occupational/Speech Therapy	**Unlimited**	**Unlimited**
Special Medical Equipment/Appliances	Unlimited	Unlimited
TMJ Disorder	**$500.00**	**$500.00**
Chiropractic Services	$500.00	$500.00
Podiatry/Foot Surgery	**$2,000.00**	**$2,000.00**
HOSPITAL IN-PATIENT CONFINEMENT & MANDATORY OUT-PATIENT SURGERY	80%/20%*/100% thereafter $500 paid by claimant if not pre-certified $500 co-pay is not out-of-pocket expenses	70%/30%/100% thereafter $500 paid by claimant if not recertified $500 co-pay is not out-of-pocket expenses
HOSPITAL EMERGENCY ROOM SERVICES	80%/20%*/100% thereafter $100 co-pay applies, waived if hospitalized the $100 is not part of the out-of-pocket	70%/30%/100% thereafter $100 co-pay applies, waived if hospitalized the $100 is not part of the out-of-pocket
HOSPITAL PRE-ADMISSION TESTING	80%Plan/20%Claimant	70%Plan/30% Claimant
HOSPITAL OUT-PATIENT TREATMENT	80%Plan/20%Claimant	70%Plan/30% Claimant
SURGI-CENTERS	80%Plan/20%Claimant	70%Plan/30% Claimant
DOCTOR'S VISITS	80%Plan/20% Claimant	70%Plan/30% Claimant
LABORATORY & DIAGNOSTIC TESTING	80%Plan/20%Claimant	70%Plan/30% Claimant
PHYSICAL/SPEECH THERAPY	80%/20%	70%/30%
OCCUPATIONAL THERAPY	80%Plan/20%Claimant	70%Plan/30% Claimant
PODIATRIC CARE/FOOT SURGERY	80% Plan/20% Claimant/$2,000.00 Calendar Year Maximum	70% Plan/30% Claimant/$2,000.00 Calendar Year Maximum
CHIROPRACTIC SERVICES	80% Plan/20% Claimant/$500 Calendar Year Maximum	70%Plan/30% Claimant/$500 Year Maximum
SPECIAL MEDICAL EQUIPMENT	80%Plan/20%Claimant	70%Plan/30% Claimant
MAMMOGRAMS/PAP SMEARS	80%Plan/20%Claimant	70%Plan/30% Claimant
PROSTATE EXPENSES	80%Plan/20%Claimant	70%Plan/30% Claimant
ORGANIC IMPOTENCE BENEFIT	80%Plan/20%Claimant	70%Plan/30% Claimant
TMJ DISORDER	80%plan/20% Claimant/$500 Calendar Year Mazximum	70%Plan/30% Claimant/$500 Year Maximum
PREVENTIVE INOCULATIONS	80%Plan/20%Claimant	70%Plan/30% Claimant
HOSPICE CARE	80%/20%*/100% thereafter	80%/20%/100% thereafter
HOME HEALTH CARE	Must receive prior approval from Case Management, otherwise coverage will be 70%	Must receive prior approval from case Management, otherwise coverage will be 70%
	(Home Care Only: 60 visits allowed if Case Management arranges services, otherwise, 40 visits will be allowed)	
SKILLED NURSING FACILITY	80%/20*/100% thereafter Must receive prior approval from Case	80%/20%*/100% thereafter Must receive prior approval from case
	150 confinement days allowed if Case Management arranges service; otherwise 120 days will be allowed	
PRESCRIPTION DRUG BENEFIT RETAIL & MAIL ORDER MUST BE THROUGH PRESCRIPTION SOLUTIONS	10% of cost of generic medication;20% of cost of brand medication when a generic is *not* available or 20% of the cost of brand medication when a generic is available, **plus** 25% of the difference in the cost between generic and brand name prescriptions	

Please review The Summary Plan Description provided by the Plan Sponsor for a detailed list of all benefits and the limitation coverages.
The information provided is for illustrative purposes only.
Benefits illustrated are effective January 1, 2014.

idilus HR