

Wage Parity Plus Loss of Income Supplemental Benefit Plan

These benefits are in addition to your Preventive Plan and payable only if you experience a loss of income or you are unable to perform routine activities due to receiving any of the medical services in one or more of the categories listed in the chart below. You must claim your benefits within 6 months from the date of service.

**Plan 3 includes coverage for dependent children*

DESCRIPTION OF SERVICES UPON WHICH INCOME LOSS BENEFITS MUST BE BASED	Plan 3* 1+ hours worked/month
Ambulance Services	\$325 per day \$650 calendar year max
Anesthesia Services 25% of the amount paid for surgical services	\$1,625 per day \$4,875 calendar year max
Doctor Visits (Inpatient) Up to 60 days per calendar year during hospital admission: excludes Mental Health, Substance Abuse, Skilled Nursing Facilities	\$65 per day of hospital confinement \$3,900 calendar year max
Flu Shot, one per calendar year	\$55
Emergency Room	\$195 per day \$780 calendar year max
Hospital Admissions	\$2,600 additional to first day only
Hospital Confinements	\$2,600 per day; Up to 365 days calendar max
Intensive Care Services	\$5,200 per day; Up to 60 days calendar max
Mental Health Services (Inpatient)	\$1,300 per day; Up to 60 days calendar max
Miscellaneous Inpatient Hospital Expenses For misc. non-medical charges related to an inpatient stay, up to 60 days per calendar year	\$325 per day \$19,500 calendar year max
Outpatient Diagnostic Lab, X-Ray and Advanced Testing (includes Drug Screening and TB test)	\$100 Lab per day - 6/yr \$195 X-Ray per day - 4/yr \$2,600 Advanced Studies- 1/yr \$2,600 MRI/CAT Scan-1/yr \$3,120 calendar year max
Physician Office Visits (Outpatient) includes PCP, Specialist, OBGYN, and Annual Physical for job clearance	\$195 per day \$1,170 calendar year maximum
Prevention Care Routine exams	\$130 per day \$260 calendar year maximum
Skilled Nursing Facility Following a hospital stay of at least 3 days	\$1,300 per day; Up to 90 days calendar max
Substance Abuse Services (Inpatient)	\$1,300 per day; Up to 60 days calendar max
Surgical Facilities (Outpatient) Surgery performed at a hospital's outpatient surgical facility, or an outpatient surgical facility.	\$325 per day \$650 calendar year max
Surgical Services Inpatient/Outpatient	\$6,500 per day \$19,500 calendar year max
Specified Illness Lump Sum Lump Sum benefit for specified major health events such as first diagnosis of invasive cancer, heart attack, stroke, or major organ transplant.	\$29,250 lump sum
Prescription Drug Discount Benefits	Pharmacy Discount Plan Via Magellan Rx
GVS Vision Pass - Vision Care Discount Benefits	Unlimited discounts on eye exams, frames, lenses or contacts at GVS locations