

## 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 1 1 to 89 hours worked/month	Plan 3* 90+ hours worked/month
<b>Ambulance Services</b>	\$195 per day \$390 calendar year max	\$325 per day \$650 calendar year max
<b>Anesthesia Services</b> 25% of the amount paid for surgical services	\$360 per day \$1,080 calendar year max	\$1,625 per day \$4,875 calendar year max
<b>Doctor Visits (Inpatient)</b> 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	\$65 per day of hospital confinement \$3,900 calendar year max
<b>Flu Shot, one per calendar year</b>	\$55	\$55
<b>Emergency Room</b>	\$100 per day \$400 calendar year max	\$195 per day \$780 calendar year max
<b>Hospital Admissions</b>	\$1,300 additional to first day only	\$2,600 additional to first day only
<b>Hospital Confinements</b>	\$1,300 per day; Up to 60 days calendar max	\$2,600 per day; Up to 365 days calendar max
<b>Intensive Care Services</b>	\$2,600 per day; Up to 30 days calendar max	\$5,200 per day; Up to 60 days calendar max
<b>Mental Health Services (Inpatient)</b>	\$555 per day; Up to 60 days calendar max	\$1,300 per day; Up to 60 days calendar max
<b>Miscellaneous Inpatient Hospital Expenses</b> For misc. non-medical charges related to an inpatient stay, up to 60 days per calendar year	\$100 per day \$6,000 calendar year max	\$325 per day \$19,500 calendar year max
<b>Outpatient Diagnostic Lab, X-Ray and Advanced Testing</b> (includes Drug Screening and TB test)	\$85 Lab per day - 3/yr \$180 X-Ray per day - 2/yr \$1,300 Advanced Studies-1/yr \$1,300 MRI/CAT Scan- 1/yr \$1,600 calendar year max	\$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
<b>Physician Office Visits</b> (Outpatient) includes PCP, Specialist, OBGYN, and Annual Physical for job clearance	\$120 per day \$720 calendar year maximum	\$195 per day \$1,170 calendar year maximum
<b>Prevention Care</b> Routine exams	\$100 per day \$200 calendar year maximum	\$130 per day \$260 calendar year maximum
<b>Skilled Nursing Facility</b> Following a hospital stay of at least 3 days	\$555 per day; Up to 60 days calendar max	\$1,300 per day; Up to 90 days calendar max
<b>Substance Abuse Services (Inpatient)</b>	\$555 per day; Up to 60 days calendar max	\$1,300 per day; Up to 60 days calendar max
<b>Surgical Facilities (Outpatient)</b> Surgery performed at a hospital's outpatient surgical facility, or an outpatient surgical facility.	\$100 per day \$200 calendar year max	\$325 per day \$650 calendar year max
<b>Surgical Services</b> Inpatient/Outpatient	\$1,440 per day \$4,320 calendar year max	\$6,500 per day \$19,500 calendar year max
<b>Specified Illness Lump Sum</b> Lump Sum benefit for specified major health events such as first diagnosis of invasive cancer, heart attack, stroke, or major organ transplant.	\$24,375 lump sum	\$29,250 lump sum
<b>Prescription Drug Discount Benefits</b>	Pharmacy Discount Plan Via Magellan Rx	Pharmacy Discount Plan Via Magellan Rx
<b>GVS Vision Pass - Vision Care Discount Benefits</b>	Unlimited discounts on eye exams, frames, lenses or contacts at GVS locations	Unlimited discounts on eye exams, frames, lenses or contacts at GVS locations