

## Wage Parity Plus Loss of Income Supplemental Benefit Plan

These benefits are 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<br>UPON WHICH INCOME LOSS<br>BENEFITS MUST BE BASED  | Plan 1<br>1 to 89 hours<br>worked/month   | Plan 2<br>90 - 129 hours<br>worked/month   | Plan 3<br>130+ hours<br>worked/month   |
|--|---|--|--|
| <b>Ambulance Services</b>  | \$195 per day<br>\$390 calendar year max  | \$325 per day<br>\$650 calendar year max   | \$325 per day<br>\$650 calendar year max   |
| <b>Anesthesia Services</b><br>25% of the amount paid for surgical services   | \$365 per day<br>\$1,095 calendar year  | \$1,625 per day<br>\$4,875 calendar year max   | \$1,625 per day<br>\$4,875 calendar year max   |
| <b>Doctor Visits (Inpatient)</b><br>Up to 60 days per calendar year during hospital admission: excludes Mental Health, Substance Abuse, Skilled Nursing Facilities                   | \$65 per day of hospital confinement  | \$65 per day of hospital confinement   | \$65 per day of hospital confinement   |
| <b>Flu Shot, one per calendar year</b>   | \$55  | \$55   | \$55   |
| <b>Emergency Room</b>  | \$100 per day<br>\$400 calendar year max  | \$195 per day<br>\$780 calendar year max   | \$195 per day<br>\$780 calendar year max   |
| <b>Hospital Admissions</b>   | \$2,115 additional to first day only  | \$3,900 additional to first day only   | \$3,900 additional to first day only   |
| <b>Hospital Confinements</b>   | \$2,115 per day; Up to 180 days calendar max  | \$3,900 per day; Up to 365 days calendar max   | \$3,900 per day; Up to 365 days calendar max   |
| <b>Intensive Care Services</b>   | \$4,225 per day; Up to 60 days calendar max   | \$7,800 per day; Up to 60 days calendar max  | \$7,800 per day; Up to 60 days calendar max  |
| <b>Mental Health Services (Inpatient)</b>  | \$715 per day; Up to 60 days calendar max   | \$1,300 per day; Up to 60 days calendar max  | \$1,300 per day; Up to 60 days calendar max  |
| <b>Miscellaneous Inpatient Hospital Expenses</b><br>For misc. non-medical charges related to an inpatient stay, up to 60 days per calendar year                                      | \$100 per day<br>\$6,000 calendar year max  | \$195 per day<br>\$11,700 calendar year max  | \$325 per day<br>\$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 - 5/yr<br>\$180 X-Ray per day - 3/yr<br>\$1,300 Advanced Studies-2/yr<br>\$1,300 MRI/CAT Scan- 2/yr<br>\$1,600 calendar year max | \$165 Lab per day - 6/yr<br>\$325 X-Ray per day - 4/yr<br>\$2,600 Advanced Studies- 1/yr<br>\$2,600 MRI/CAT Scan-1/yr<br>\$3,120 calendar year max | \$165 Lab per day - 6/yr<br>\$325 X-Ray per day - 4/yr<br>\$2,600 Advanced Studies- 1/yr<br>\$2,600 MRI/CAT Scan-1/yr<br>\$3,120 calendar year max |
| <b>Physician Office Visits (Outpatient)</b> includes PCP, Specialist, OB/GYN, and Annual Physical for job clearance  | \$130 per day<br>\$780 calendar year maximum  | \$195 per day<br>\$1,170 calendar year maximum   | \$195 per day<br>\$1,170 calendar year maximum   |
| <b>Prevention Care</b><br>Routine exams  | \$100 per day<br>\$200 calendar year maximum  | \$130 per day<br>\$260 calendar year maximum   | \$130 per day<br>\$260 calendar year maximum   |
| <b>Skilled Nursing Facility</b><br>Following a hospital stay of at least 3 days  | \$715 per day<br>\$128,700 calendar year max  | \$1,300 per day<br>\$474,500 calendar year max   | \$1,300 per day<br>\$474,500 calendar year max   |
| <b>Substance Abuse Services (Inpatient)</b>  | \$715 per day; Up to 60 days calendar max   | \$1,300 per day; Up to 60 days calendar max  | \$1,300 per day; Up to 60 days calendar max  |
| <b>Surgical Facilities (Outpatient)</b><br>Surgery performed at a hospital's outpatient surgical facility, or an outpatient surgical facility.                                       | \$100 per day<br>\$200 calendar year max  | \$195 per day<br>\$390 calendar year max   | \$325 per day<br>\$650 calendar year max   |
| <b>Surgical Services</b><br>Inpatient/Outpatient   | \$1,460 per day<br>\$4,380 calendar year max  | \$6,500 per day<br>\$19,500 calendar year max  | \$6,500 per day<br>\$19,500 calendar year max  |
| <b>Specified Illness Lump Sum</b><br>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  | \$29,250 lump sum  |
| <b>Prescription Drug Discount Benefits</b>   | Pharmacy Discount Plan<br>Via Magellan Rx   | Pharmacy Discount Plan<br>Via Magellan Rx  | Pharmacy Discount Plan<br>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  | Unlimited discounts on eye exams, frames, lenses or contacts at GVS locations  |