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

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DESCRIPTION OF SERVICES UPON WHICH	Plan 1	Plan 2	Plan 3*
INCOME LOSS BENEFITS MUST BE BASED	1 to 89 hours	90 - 129 hours	130+ hours
	worked/month	worked/month	worked/month
Ambulance Services	\$195 per day	\$325 per day	\$325 per day
Ambulance Services	\$390 calendar year max	\$650 calendar year max	\$650 calendar year max
Anesthesia Services	\$360 per day	\$1,625 per day	\$1,625 per day
25% of the amount paid for surgical services	\$1,080 calendar year max	\$4,875 calendar year max	\$4,875 calendar year max
Doctor Visits (Inpatient)	4		.
Up to 60 days per calendar year during hospital	\$65 per day of hospital	\$65 per day of hospital	\$65 per day of hospital
admission: excludes Mental Health, Substance	confinement	confinement	confinement
Abuse, Skilled Nursing Facilities	\$3,900 calendar year max	\$3,900 calendar year max	\$3,900 calendar year max
_	\$100 per day	\$195 per day	\$195 per day
Emergency Room	\$400 calendar year max	\$780 calendar year max	\$780 calendar year max
Flu Shot	¢==	¢==	\$ EE
One per calendar year	\$55	\$55	\$55
Heavital Admissions	\$1,300 additional to first day	\$2,600 additional to first day	\$2,600 additional to first day only
Hospital Admissions	only	only	\$2,000 additional to mot day only
	\$1,300 por day. Up to 60 days	\$2,600 per day; Up to 365	\$2,600 por day: Up to 265 days
Hospital Confinements	\$1,300 per day; Up to 60 days calendar max	days calendar max	\$2,600 per day; Up to 365 days calendar max
		•	
Intensive Care Services	\$2,600 per day; Up to 30 days	\$5,200 per day; Up to 60 days	\$5,200 per day; Up to 60 days
Intellecto Gallo Golffiedd	calendar max	calendar max	calendar max
Montal Health Consises (Innations)	\$555 per day; Up to 60 days	\$1,300 per day; Up to 60 days	\$1,300 per day; Up to 60 days
Mental Health Services (Inpatient)	calendar max	calendar max	calendar max
Miscellaneous Inpatient Hospital Expenses			
For misc. non-medical charges related to an	\$100 per day	\$195 per day	\$325 per day
inpatient stay, up to 60 days per calendar year	\$6,000 calendar year max	\$11,700 calendar year max	\$19,500 calendar year max
	\$85 Lab per day - 3/yr	\$100 Lab per day - 6/yr	\$100 Lab per day - 6/yr
Outpatient Diagnostic Lab, X-Ray and	\$180 X-Ray per day - 2/yr	\$100 Lab per day - 6/yr \$195 X-Ray per day - 4/yr	\$195 X-Ray per day - 4/yr
Advanced Testing (includes Drug Screening and TB	\$1,300 Advanced Studies-1/yr	\$2,600 Advanced Studies- 1/yr	\$2,600 Advanced Studies- 1/yr
test)	\$1,300 Advanced Studies-1/yr	\$2,600 MRI/CAT Scan-1/yr	\$2,600 MRI/CAT Scan-1/yr
	\$1,600 calendar year max	\$3,120 calendar year max	\$3,120 calendar year max
	\$1,000 calendar year max	ψ3, 120 Caleridar year max	\$5,120 calendar year max
Physician Office Visits (Outpatient) includes PCP,	\$120 per day	\$195 per day	\$195 per day
Specialist, OBGYN, and Annual Physical for job	\$720 calendar year maximum	\$1,170 calendar year maximum	\$1,170 calendar year maximum
clearance	\$720 calendar year maximum	\$1,170 calendar year maximum	\$1,170 calendar year maximum
Prevention Care	\$100 per day	\$130 per day	\$130 per day
Routine exams	\$200 calendar year maximum	\$260 calendar year maximum	\$260 calendar year maximum
Skilled Nursing Facility	\$555 per day; Up to 60 days	\$1,300 per day; Up to 90 days	\$1,300 per day; Up to 90 days
Following a hospital stay of at least 3 days	calendar max	calendar max	calendar max
	\$555 per day; Up to 60 days	\$1,300 per day; Up to 60 days	\$1,300 per day; Up to 60 days
Substance Abuse Services (Inpatient)	calendar max	calendar max	calendar max
Surgical Facilities (Outpatient)	4400	0.405	
Surgery performed at a hospital's outpatient	\$100 per day	\$195 per day	\$325 per day
surgical facility, or an outpatient surgical facility.	\$200 calendar year max	\$390 calendar year max	\$650 calendar year max
Surgical Services	\$1,440 per day	\$6,500 per day	\$6,500 per day
Inpatient/Outpatient	\$1,440 per day \$4,320 calendar year max	\$6,500 per day \$19,500 calendar year max	\$19,500 calendar year max
•	ψπ,020 balondar year max	\$10,000 balondar year max	\$10,000 balondar year max
Specified Illness Lump Sum			
Lump Sum benefit for specified major health events such as first diagnosis of invasive	\$20,000 !	¢71 500 luma aum	\$01,000 lump aum
	\$39,000 lump sum	\$71,500 lump sum	\$91,000 lump sum
cancer, heart attack, stroke, or major organ transplant.			
transpiant.	5. 5	5, 5, 5	5, 5,
Prescription Drug Discount Benefits	Pharmacy Discount Plan	Pharmacy Discount Plan	Pharmacy Discount Plan
1 resemption Drug Discount Delicitis	Via Magellan Rx	Via Magellan Rx	Via Magellan Rx
GVS Vision Pass - Vision Care Discount	Unlimited discounts on eye	Unlimited discounts on eye	Unlimited discounts on eye
Benefits	exams, frames, lenses or	exams, frames, lenses or	exams, frames, lenses or
Delicing	contacts at GVS locations	contacts at GVS locations	contacts at GVS locations