## 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

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DESCRIPTION OF SERVICES	Plan 1	Plan 2	Plan 3
UPON WHICH INCOME LOSS	1 to 89 hours	90 - 129 hours	130+ hours
BENEFITS MUST BE BASED	worked/month	worked/month	worked/month
Ambulance Services	\$195 per day	\$325 per day	\$325 per day
	\$390 calendar year max	\$650 calendar year max	\$650 calendar year max
Anesthesia Services	\$365 per day	\$1,625 per day	\$1,625 per day
25% of the amount paid for surgical services	\$1,095 calendar year max	\$4,875 calendar year max	\$4,875 calendar year max
Doctor Visits (Inpatient)			
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		<u> </u>	
Emergency Room	\$100 per day	\$195 per day	\$195 per day
	\$400 calendar year max	\$780 calendar year max	\$780 calendar year max
Flu Shot	\$55	\$55	\$55
One per calendar year	·	•	
Hospital Admissions	\$2,115 additional to first day	\$3,900 additional to first day	\$3,900 additional to first day
<u> </u>	only	only	only
<b>Hospital Confinements</b>	\$2,115 per day; Up to 180	\$3,900 per day; Up to 365	\$3,900 per day; Up to 365
	days calendar max	days calendar max	days calendar max
Intensive Care Services	\$4,225 per day; Up to 60 days	\$7,800 per day; Up to 60 days	\$7,800 per day; Up to 60 days
	calendar max	calendar max	calendar max
Mental Health Services (Inpatient)	\$715 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	<b>#</b> 400 manulau	\$405 m and dec	<b>#</b> 005
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 - 5/yr	\$165 Lab per day - 6/yr	\$165 Lab per day - 6/yr
Outpotiont Diagnostic Lab V Boy and	\$180 X-Ray per day - 3/yr	\$325 X-Ray per day - 4/yr	\$325 X-Ray per day - 4/yr
Outpatient Diagnostic Lab, X-Ray and Advanced Testing	\$1,300 Advanced Studies-2/yr	\$2,600 Advanced Studies- 1/yr	\$2,600 Advanced Studies- 1/yr
Advanced resting	\$1,300 MRI/CAT Scan- 2/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
Physician Office Visits (Outpatient)	\$130 per day	\$195 per day	\$195 per day
Primary care days	\$780 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	\$715 per day	\$1,300 per day	\$1,300 per day
Following a hospital stay of at least 3 days	\$128,700 calendar year max	\$474,500 calendar year max	\$474,500 calendar year max
	\$715 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)			
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	\$1,460 per day	\$1,625 per day	\$1,625 per day
Inpatient/Outpatient	\$1,460 per day \$4,380 calendar year max	\$1,625 per day \$4,875 calendar year max	\$1,625 per day \$4,875 calendar year max
	ψ4,300 caleflual year fliax	φ4,075 calendar year max	ψ4,075 Calellual year HidX
Specified Illness Lump Sum			
Lump Sum benefit for specified major health		<b>_</b>	<b>.</b>
events such as first diagnosis of invasive	\$39,000 lump sum	\$71,500 lump sum	\$91,000 lump sum
cancer, heart attack, stroke, or major organ			
transplant.			
Prescription Drug Discount Benefits	Pharmacy Discount Plan	Pharmacy Discount Plan	Pharmacy Discount Plan
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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
Donomo	contacts at GVS locations	contacts at GVS locations	contacts at GVS locations