## Group Fixed Indemnity Limited Benefit Medical Plan

## Metropolitan Healthcare Systems : Effective May 1, 2016

	\$90 Plan
Daily Hospital Confinement	
Benefit Amount	\$100 per day
Maximum Days per Confinement	10 days
Maximum Confinements per Benefit Period	1
Hospital Admission	· · ·
Benefit Amount	\$750 per day
Maximum per Benefit Period	1 day
Intensive Care Unit Confinement	
Benefit Amount	n/a
Maximum per Benefit Period	n/a
Paid in addition to Daily Hospital Confinement	
Skilled Nursing Facilty Confinement	
Benefit Amount	n/a
Maximum per Benefit Period	n/a
Maximum per Lifetime	n/a
Must be under age 65 and admitted to the Skilled Nursing Facility	
within 14 days following a Hospital stay of at least three consecutive	
days.	
Inpatient Surgery	
Benefit Amount	\$1000 per day
Maximum per Benefit Period	1 day
Outpatient Surgery	
Benefit Amount	\$500 per day
Maximum per Benefit Period	1 day
Benefits are not payable for surgical operations performed in a	
Physician's office.	
Anesthesia	
Benefit Amount	20% of Surgical Benefit
Outpatient Physician Office Visit	
Benefit Amount	\$50 per day
Maximum per Benefit Period	6 days
Outpatient Diagnostic Laboratory Tests	
Benefit Amount	\$50 per day
Maximum per Benefit Period	3 days
Routine or wellness lab screens & tests not covered.	
Outpatient Diagnostic Tests	
Benefit Amount	\$50 per day
Maximum per Benefit Period	3 days
Laboratory tests and routine wellness screens & tests not covered	
Outpatient Advanced Diagnostic Tests	
Level One Benefit Amount	n/a

Ultrasound, Mammogram, Stress Test, Echocardiogram, EEG, or   EKG   Level Two Benefit Amount   CT or CAT, MRI, MRA, or PET   Maximum per Benefit Period   Level One & Two Combined   Ambulance   Benefit for Ground/Water Ambulance   Benefit for Air Ambulance   Maximum per Benefit Period   Transportation must occur within 72 hours of the Accident or onset of   the Sickness   Benefit Amount   Maximum per Benefit Period   Treatment must be within 72 hours of the Accident.   Emergency Room for Sickness   Benefit Amount   Maximum per Benefit Period   Treatment must be within 72 hours of the Accident.   Emergency Room for Sickness   Benefit Amount   Maximum per Benefit Period   Treatment must be within 72 hours of the Accident.   Emergency Room for Sickness   Benefit Amount   Maximum per Benefit Period   Maximum per Accident   Maximum per Cacident   Maximum per Benefit Period   Maximum per Benefit Period   Insured Persons ange 1 +   Insured Persons under age 1   Benefit is payable for		
CT or CAT, MRI, MRA, or PET n/a   Maximum per Benefit Period n/a   Level One & Two Combined n/a   Ambulance Benefit for Ground/Water Ambulance n/a   Benefit for Air Ambulance n/a n/a   Maximum per Benefit Period n/a n/a   Transportation must occur within 72 hours of the Accident or onset of the Sickness n/a n/a   Emergency Room for Injuries Benefit Amount \$300 per day 3 days   Maximum per Benefit Period Treatment must be within 72 hours of the Accident. \$50 per day 3 days   Emergency Room for Sickness Benefit Amount \$50 per day 3 days 3 days   Outpatient Accident n/a n/a n/a n/a   Maximum per Benefit Period n/a n/a 1   Maximum per Benefit Period n/a n/a 1   Maximum per Benefit Period n/a 1 1 1   Maximum per Benefit Period Insured Persons age 1 + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$90 Plan
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Outpatient Accident n/a   Benefit Amount n/a   Maximum per Accident n/a   Maximum Benefit Period n/a   Wellness Benefit Amount   Maximum per Benefit Period n/a   Insured Persons age 1 + 1 day   Insured Persons under age 1 1 day   Benefit is payable for each day an Insured person has any one of the health screenings, exams or tests listed in the policy. 4 days	Benefit Amount	\$50 per day
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Insured Persons under age 1 4 days Benefit is payable for each day an Insured person has any one of the health screenings, exams or tests listed in the policy.	Maximum per Benefit Period	
Benefit is payable for each day an Insured person has any one of the health screenings, exams or tests listed in the policy.		-
ditional Insurance Product Benefits	Benefit is payable for each day an Insured person has any one of the	4 days
ditional Insurance Product Benefits		
	ditional Insurance Product Benefits	

\$5,000 Employee Only Term Life/AD&D	\$5,000
Outpatient Indemnity Prescription Drug Benefit Generic Only or Generic/Brand Annual Benefit Maximum	Generic Only \$1,000
Ion-Insurance Benefits	
PPO Network COBRA Administration Kemper Care Discount Program	include include n/a

	\$90 Plan
	<b>Total Monthly Cost</b>
Employee (EE)	\$77.75
EE + Spouse	\$142.00
EE + Child(ren)	\$134.45
EE + Family	\$199.49

## PREMIUM BREAKDOWN

	Ltd Med Monthly Premium
Employee (EE)	\$56.08
EE + Spouse	\$112.16
EE + Child(ren)	\$105.43
EE + Family	\$161.51
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	Life/AD&D Monthly
	Premium
Employee (EE)	\$2.62
EE + Spouse	\$2.62
EE + Child(ren)	\$2.62
EE + Family	\$2.62
	RX Monthly Premium
Employee (EE)	\$14.05
EE + Spouse	\$22.22
EE + Child(ren)	\$21.40
EE + Family	\$30.36
	Non-Insurance
	Monthly Cost
Employee (EE)	\$5.00
EE + Spouse	\$5.00
EE + Child(ren)	\$5.00
EE + Family	\$5.00