

## Group Fixed Indemnity Limited Benefit Medical Plan

Metropolitan Healthcare Systems : Effective May 1, 2016

	\$90 Plan
<b>Daily Hospital Confinement</b> Benefit Amount Maximum Days per Confinement Maximum Confinements per Benefit Period	\$100 per day 10 days 1
<b>Hospital Admission</b> Benefit Amount Maximum per Benefit Period	\$750 per day 1 day
<b>Intensive Care Unit Confinement</b> Benefit Amount Maximum per Benefit Period <i>Paid in addition to Daily Hospital Confinement</i>	n/a n/a
<b>Skilled Nursing Facility Confinement</b> Benefit Amount Maximum per Benefit Period Maximum per Lifetime <i>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.</i>	n/a n/a n/a
<b>Inpatient Surgery</b> Benefit Amount Maximum per Benefit Period	\$1000 per day 1 day
<b>Outpatient Surgery</b> Benefit Amount Maximum per Benefit Period <i>Benefits are not payable for surgical operations performed in a Physician's office.</i>	\$500 per day 1 day
<b>Anesthesia</b> Benefit Amount	20% of Surgical Benefit
<b>Outpatient Physician Office Visit</b> Benefit Amount Maximum per Benefit Period	\$50 per day 6 days
<b>Outpatient Diagnostic Laboratory Tests</b> Benefit Amount Maximum per Benefit Period <i>Routine or wellness lab screens &amp; tests not covered.</i>	\$50 per day 3 days
<b>Outpatient Diagnostic Tests</b> Benefit Amount Maximum per Benefit Period <i>Laboratory tests and routine wellness screens &amp; tests not covered</i>	\$50 per day 3 days
<b>Outpatient Advanced Diagnostic Tests</b> Level One Benefit Amount	n/a

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

#### Additional Insurance Product Benefits

<b>\$5,000 Employee Only Term Life/AD&amp;D</b>	\$5,000
<b>Outpatient Indemnity Prescription Drug Benefit</b> Generic Only or Generic/Brand Annual Benefit Maximum	Generic Only \$1,000

#### Non-Insurance Benefits

<b>PPO Network</b> <b>COBRA Administration</b> <b>Kemper Care Discount Program</b>	include include n/a
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#### \$90 Plan

\$90 Plan	
	Total Monthly Cost
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

	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