

MEDICAL EXPENSE BENEFIT

HOSPITAL ROOM AND BOARD EXPENSES	The average semi-private room rate
EMERGENCY ROOM SICKNESS WITH NO DIRECT HOSPITAL ADMISSION	\$200 Additional deductible per visit – Only applies when receiving care in an Emergency Room for a Sickness that does not result in a Hospital admittance
EMERGENCY ROOM INJURY/ACCIDENT OR SICKNESS WITH DIRECT HOSPITAL ADMISSION	Covered
INPATIENT ANCILLARY HOSPITAL SERVICES	Covered
HOSPITAL INTENSIVE CARE UNIT EXPENSES	3 times the average semi-private room rate
PHYSICIAN’S SURGICAL TREATMENT EXPENSES	Covered
ANESTHESIOLOGIST EXPENSES	Covered
ASSISTANT PHYSICIAN’S SURGICAL EXPENSES	Covered at 20% of the primary surgeon’s eligible fee
PHYSICIAN’S NON-SURGICAL VISIT EXPENSES	Covered
CONSULTING PHYSICIAN EXPENSES	Covered
PRE-ADMISSION TEST EXPENSES	Covered WITHIN 7 DAYS OF ADMISSION
DIAGNOSTIC X-RAYS AND LAB SERVICES EXPENSES	Covered
OUTPATIENT SURGICAL FACILITY EXPENSES	Covered
PHYSICIAN’S VISIT EXPENSES	Covered
URGENT CARE CLINIC EXPENSES	Not Subject to Deductible. \$30 Copayment. Copayment not applicable if the Deductible is \$0
WALK IN CLINIC EXPENSES	Not Subject to Deductible. \$15 Copayment. Copayment not applicable if the Deductible is \$0
PRESCRIPTION DRUGS AND MEDICATIONS EXPENSES	If your Maximum Limit is \$10,000, \$20,000, \$50,000, \$100,000, or \$250,000 the limit is up to the plan Maximum per Period of Insurance. If your Maximum Limit is \$500,000 or \$1,000,000, the Limit is up to \$250,000 per Period of Insurance, for Treatment of a Covered Sickness or Injury
PHYSIOTHERAPY, PHYSICAL MEDICINE, CHIROPRACTIC EXPENSES	Limited to \$50 per visit, one visit per day and 10 visits per Period of Insurance (must be prescribed by a Physician)
DENTAL TREATMENT FOR INJURY OF SOUND NATURAL TEETH DUE TO ACCIDENT EXPENSES	\$250 per Period of Insurance
CARDIAC CONDITIONS AND STROKE EXPENSES	Up to \$25,000 per Period of Insurance for ages up to 69 or \$15,000 per Period of Insurance for ages 70 and over
COVID-19, SARS-CoV-2 MEDICAL EXPENSES	Medically Necessary Treatment for COVID-19, SARS-CoV-2, and any mutation or variation of SARS-CoV-2 up to the maximum as stated in the Schedule of Benefits
EMERGENCY MEDICAL TREATMENT OF PREGNANCY EXPENSES	\$1,000 per Period of Insurance

