

Schedule of Basic Medical Expense Benefits
Up to \$25,000 Maximum Benefit Paid as Specified Below (For Each Injury or Sickness)

The Policy provides benefits as shown below for loss incurred by an Insured Person due to a covered Injury or Sickness. If you receive care, from a Preferred Provider, any Covered Medical Expenses will be paid at the applicable Preferred Provider level of benefits. If a Preferred Provider is not available in your Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits. If the Covered Medical Expense is incurred due to Medical Emergency treatment, benefits will be paid at the Preferred Provider level of Benefits. (See Medical Emergency Treatment on Page 12 for additional information.) In all other situations, reduced, or lower benefits will be provided when an Out-of-Network provider is used. The Benefits payable are as defined in and subject to all provisions of this Policy and any endorsements thereto. Benefits will be paid up to the Maximum Benefit for each service scheduled below.

Maximum total benefits are \$25,000 for each Injury or Sickness. Covered Medical Expenses include	Maximum payable amount for pre-existing conditions is \$1,500 for the first 6 months of coverage	
	Preferred Provider	Out of Network
Inpatient		
Room and Board , daily semi-private room rate; general nursing care provided by the Hospital	100% of R & C	80% of R & C
Hospital Miscellaneous Expenses , such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	100% of R & C	80% of R & C
Intensive Care	100% of R & C	80% of R & C
Surgeon's Fees , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession, unless necessary to treat a Sickness or an Injury.	100% of R & C / \$5,000 maximum	80% of R & C / \$5,000 maximum
Assistant Surgeon	30% of Surgery Allowance	30% of Surgery Allowance
Anesthetist	30% of Surgery Allowance	30% of Surgery Allowance
Physician's Visits , benefits are limited to one visit per day and do not apply when related to surgery	100% of R & C	80% of R & C
Pre-Admission Testing	Paid under Hospital Miscellaneous	Paid under Hospital Miscellaneous
Outpatient		
Outpatient services provided in a Doctor's Office, Licensed Mental Health Professional's office, a community mental health center, home based services for Mental Illness, chiropractor visits, hospital or outpatient department or emergency room, clinical lab, radiological facility or similar facility licensed by the state, up to a maximum benefit of \$1,500 for each Sickness or Injury, unless specifically stated elsewhere.		
Surgeon's Fees , in accordance with data provided by Ingenix, Inc. No more than one surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession, unless necessary to treat a Sickness or an Injury.	100% of R & C / \$5,000 maximum	80% of R & C / \$5,000 maximum
Day Surgery Miscellaneous	100% of R & C	80% of R & C
Anesthetist	30% of Surgery Allowance	30% of Surgery Allowance
Outpatient Miscellaneous Benefit	100% of R & C / \$1,500 maximum	80% of R & C / \$1,500 maximum
Physician's Visits , benefits do not apply when related to surgery	Paid under Outpatient Miscellaneous / \$10 Copay per visit	Paid under Outpatient Miscellaneous / \$10 Deductible per visit
Medical Emergency Expenses , attending Physician's charges, x-rays, laboratory procedures, injections, use of the emergency room and supplies. The Deductible will be waived if admitted.	Paid under Outpatient Miscellaneous / \$50 Copay per visit	Paid under Outpatient Miscellaneous / \$50 Deductible per visit
X-Ray and Laboratory Services	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Hospital Outpatient Department Visit	Paid under Outpatient Miscellaneous / \$25 Copay per visit	Paid Outpatient Miscellaneous / \$25 Deductible per visit
Radiation Therapy/Chemotherapy	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Injections , when administered in the Physician's office and charged on the Physician's statement	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Test and Procedures , diagnostic services and medical procedures performed by a physician, other than Physician's Visits, Physiotherapy, X-rays, and laboratory procedures.	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Physiotherapy , treatments prescribed by a Doctor. The prescription must be stated for a number of treatments	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Other		
Ambulance Services , benefits payable for a Medical Emergency only. Per Injury or Sickness \$25 Deductible / \$150 Maximum	100% of R & C	80% of R & C
Braces and Appliances , a written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered. Benefits include prosthetic devices.	Paid under Outpatient Miscellaneous	Paid under Outpatient Miscellaneous
Dental Treatment , made necessary by Injury to Sound, Natural Teeth	100% of R & C / \$1,500 maximum	80% of R & C / \$1,500 maximum
Second Surgical Opinion	100% of R & C / \$150 maximum	80% of R & C / \$150 maximum
Elective Abortion	Paid as any other Sickness	Paid as any other Sickness