

HEALTH SYSTEMS, INC.
MINI-MEDICAL PLAN (A LIMITED BENEFIT MEDICAL PLAN)
EFFECTIVE 7/1/2011

ANNUAL MAXIMUM FOR ALL BENEFITS \$4000.00

NETWORK PROVIDER	NON-NETWORK PROVIDER
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HOSPITAL EXPENSES (FACILITY ONLY)
(INLC. INPAT PSYCHE)

INPATIENT CHARGES OR	80% OF ALLOWABLE EXPENSES, MAX OF \$3000 PER CALENDAR YEAR	50% OF URC CHARGES MAX OF \$3000 PER CALENDAR YEAR
OUTPATIENT SURGERY		

(THERE IS NO COVERAGE FOR THE SURGEON OR DOCTOR)

PHYSICIAN EXPENSES
(INCL. CHIROPRACTIC AND PSYCHE)

PHYSICIAN OFFICE BENEFIT	\$20 COPAY, 100% OF ALLOWABLE CHARGES UP TO \$100 PER VISIT LIMIT 6 PER YEAR	70% OF URC CHARGES UP TO \$100 PER VISIT LIMIT 6 PER YEAR
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X-ray and Lab and diagnostic testing	100% OF ALLOWABLE CHARGES, UP TO \$50 MAX PER YEAR	No coverage
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EMERGENCY ROOM/ ACCIDENT-LIFE-THREATENING ILLNESS (FACILITY ONLY)	\$50 COPAY, 100% OF ALLOWABLE CHARGES UP TO \$1000 PER INCIDENT LIMIT 1 PER YEAR	70% OF URC CHARGES UP TO \$500 PER INCIDENT LIMIT 3 PER YEAR
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(THERE IS NO COVERAGE FOR THE ER PHYSICIAN OR DOCTOR)

IMMUNIZATIONS FOR CHILDREN UNDER 18	100% OF ALLOWABLE CHARGES, UP TO \$300 PER YEAR; STANDARD IMMUNIZATIONS ONLY	NO COVERAGE
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WELLNESS	100% OF ALLOWABLE CHARGES, UP TO \$150 PER YEAR (includes contraceptive device)	NO COVERAGE
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AMBULANCE	UP TO \$500 YR FOR GROUND AMBULANCE UP TO \$1000 YR FOR AIR AMBULANCE	
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EXCLUSIONS - NOT MEDICALLY NECESSARY SURGERY i.e. VASECTOMY

PRESCRIPTION DRUGS - INSURED PAYS \$10 COPAY PER GENERIC RX UP TO \$50 THEN 100% OF COSTS OVER \$50
LIMIT OF 24 SCRIPTS PER YEAR

MINI-MED RX GROUP: SYS1200 RX BIN: 004758 PCN: NPS	MAJOR-MED RX GROUP:SYS1300 RX BIN: 004758 PCN: NPS
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