SCHEDULE OF COVERAGE
SELECTEMP® PPO- PLAN IV

SUBSCRIBER: **MC DERMOTT, MARIE**

IDENTIFICATION NUMBER: **893757470**

EFFECTIVE DATE: **August 1, 2014**

BENEFIT PROVISIONS	NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Benefit Period Deductibles ▪ Individual ▪ Family	 $2,000 $6,000	 $4,000 $12,000
Coinsurance Amounts ▪ Individual ▪ Family	 $1,000 $3,000	 $3,000 $9,000
Lifetime Maximum	$2,000,000 each Participant	
Inpatient Hospital Expense	80% of Allowable Amount after Benefit Period Deductible	60% of Allowable Amount after Benefit Period Deductible
Medical-Surgical Expense	80% of Allowable Amount after Benefit Period Deductible	60% of Allowable Amount after Benefit Period Deductible
Physical Medicine Services	80% of Allowable Amount after Benefit Period Deductible	60% of Allowable Amount after Benefit Period Deductible
	$500 Benefit Period Maximum each Participant	
Ground and Air Ambulance Services	80% of Allowable Amount after Benefit Period Deductible up to $750 Benefit Period benefit maximum	
Routine Mammography Screening (For female Participants 35 years of age or older, limited to one each Benefit Period)	80% of Allowable Amount after Benefit Period Deductible	60% of Allowable Amount after Benefit Period Deductible
Non-Routine Diagnostic Mammography	80% of Allowable Amount after Benefit Period Deductible	60% of Allowable Amount after Benefit Period Deductible
Breast Reconstruction	80% of Allowable Amount after Benefit Period Deductible	60% of Allowable Amount after Benefit Period Deductible
Tests for Detection of Human Papillomavirus and Cervical Cancer (For female Participants 18 years of age and older)	80% of Allowable Amount after Benefit Period Deductible	60% of Allowable Amount after Benefit Period Deductible
Tests for Detection of Prostate Cancer	80% of Allowable Amount after Benefit Period Deductible	60% of Allowable Amount after Benefit Period Deductible
Childhood Immunizations up to 8 years of age	100% of Allowable Amount No Deductible	
Hearing Screening (when offered by Hospital during a birth admission)	80% of Allowable Amount No Deductible	60% of Allowable Amount No Deductible
Tests for Detection of Colorectal Cancer	80% of Allowable Amount after Benefit Period Deductible	60% of Allowable Amount after Benefit Period Deductible
Outpatient Contraceptive Services and Devices	80% of Allowable Amount after Benefit Period Deductible	60% of Allowable Amount after Benefit Period Deductible

SCHEDULE OF COVERAGE
SELECTEMP® PPO- PLAN IV

BENEFIT PROVISIONS	NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Emergency – Accidental Injury/Medical		
▪ Emergency Room	80% of Allowable Amount after $100 Copayment Amount* and Benefit Period Deductible	
▪ Emergency Room Physician	80% of Allowable Amount after Benefit Period Deductible	
Non-Emergency Situations Facility and Physician Charges	80% of Allowable Amount after Benefit Period Deductible	60% of Allowable Amount after Benefit Period Deductible

*Waived if admitted to the Hospital immediately following visit

PRESCRIPTION DRUG PROGRAM			
PLAN FEATURES ***Applicable to all Plans***			
Benefit Period Deductible	**$200**		
Benefit Period Maximum	**$750**		
Copayment Amounts	**Generic**	**Preferred Brand Name Drugs**	**Non-Preferred Brand Name Drugs**
Retail Pharmacy			
▪ 30-Day Supply on each occasion dispensed	$10	$40	$55
▪ 90-Day Supply	$30	$120	$165
Mail Service			
▪ 90-Day Supply	$20	$80	$110