### Limitations and Restrictions

<table>
<thead>
<tr>
<th>Description</th>
<th>Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-existing condition limitations</td>
<td>None</td>
</tr>
<tr>
<td>Benefit Maximum</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-service-area restrictions</td>
<td>None</td>
</tr>
</tbody>
</table>

### Maximums & Deductibles

- **Deductibles**: $500 Medical/$50 Rx
- **Out-of-pocket maximum**: $1,400 + the $500 deductible above
- **Benefit maximum**: No annual/lifetime maximums

### Hospital Benefits

- **In-hospital care**: 20% after deductible
- **Emergency room**: 20% after deductible
- **Surgery**: 20% after deductible

### Non-Hospital Visits

- **Office visits**: 20% after deductible
- **Lab/X-rays**: 20% after deductible
- **High Technology Radiology**: 20% after deductible
  - MRI, CT & pet scans, stress test, Angiogram & myelography:
- **Skilled nursing facility** (not including custodial care): 20% after deductible; 60 days/plan year
- **Home health care**: 20% after deductible; 60 visits/plan year

### Other Healthcare Benefits

- **Chiropractic care**: 20% after deductible, 30 visits/plan year
- **Durable medical equipment**: 20% after deductible
- **Mental health**: Inpatient - 20% after deductible
  - Outpatient - 20% after deductible
- **Physical therapy**: 20% after deductible
- **Vision**: 20% after deductible
- **Hearing**: Illness/accident coverage only

### Prescription drugs

- **After you meet the $50/person/plan year prescription drug deductible (three-person maximum):**
  - 30-day supply: $10/generic, $35/brand-name formulary, $60/brand-name nonformulary; brand-name copayment + difference between brand-name and generic when available
  - 90-day supply: Two copayments required if purchased by mail-order; three if purchased through most retail pharmacies.

### Member Services Contact Information

- **ExpressScripts**: (800) 544-6970; Website: [http://www.express-scripts.com](http://www.express-scripts.com)