

Schedule of Benefits

	Base Plan		Plus Plan	
Inpatient Benefits				
First Day In Hospital	\$300 per day		\$400 per day	
Second Day In Hospital	\$300 per day		\$400 per day	
Third Day In Hospital	\$300 per day		\$400 per day	
Daily Hospital Room Benefit	\$100 per day (days 4–60)		\$200 per day (days 4–60)	
Inpatient Surgery (Flat Benefit Payment)	Not included		\$500	
Outpatient Surgery (Flat Benefit Payment)	Not included		\$250	
Inpatient Mental Illness (Organic Only)	Covered		Covered	
Physician Office Visit (Per Day Benefit)	Not included		\$25 per visit, 2 visits per person (max 4 per family) per year	
Emergency Room	Not included		\$150 per visit, 2 visits per person (max 4 per family) per year, illness and accident	
Critical Illness				
Critical Illness Lump Sum	Not included		\$5,000 upon diagnosis	
Preventive Services Coverage				
In-Network Preventive Services	Covered at 100% No deductible Per ACA guidelines		Covered at 100% No deductible Per ACA guidelines	
Out-Of-Network Preventive Services	Not covered		Not covered	
Telemedicine				
Telemedicine Program	Covered at 100% Unlimited consultations No copay		Covered at 100% Unlimited consultations No copay	
Prescription Drugs				
	Member Cost		Member Cost	
Tier 1 (Generic)	\$10		\$10	
Tier 2 (Preferred)	\$20		\$20	
Tier 3 (Non-Preferred)	\$40		\$40	
Weekly Employee Paid Premium*				
	Ages 18–69	Ages 70+	Ages 18–69	Ages 70+
Employee Only	\$7.73	\$20.37	\$15.32	\$56.82
Employee + Spouse	\$15.59	\$28.07	\$32.58	\$74.53
Employee + 1 Child	\$15.02	\$40.38	\$27.15	\$109.07
Employee + Children	\$23.44	\$48.81	\$35.57	\$117.49
Employee + Family	\$29.06	\$54.25	\$50.02	\$132.64

MEDICAL TREATMENT

If you are sick, injured, or need treatment, the plan provides cash reimbursement for certain services as outlined in the above schedule of benefits. For covered non-preventive care treatment, you will have to pay for the services out-of-pocket and file a claim through Bay Bridge to obtain reimbursement as outlined in the above schedule of benefits. Please note benefit reimbursement levels vary based on whether you select base plan or plus plan, and not all services are covered for reimbursement. Additionally, you will have access to a telemedicine program and a prescription discount plan which are described later in this booklet.