

Benefits	Standard Plan	Select Plan	Premier Plan
Doctor's Office Visit	\$50 per visit \$300 calendar year max	\$50 per visit \$300 calendar year max	\$60 per visit \$360 calendar year max
Outpatient Diagnostic, X-ray and Lab	Not Included	\$50 per day \$300 calendar year max	\$60 per day \$360 calendar year max
Advanced Studies	Not Included	\$200 per day \$600 calendar year max	\$250 per day \$750 calendar year max
Preventive Care	\$50 per visit \$150 calendar year max	\$50 per visit \$150 calendar year max	\$75 per visit \$225 calendar year max
Surgical Benefit	Not Included	\$850 overall max	\$1,600 overall max
Inpatient		\$500 lump sum	\$1,000 lump sum
Outpatient		\$250 lump sum	\$500 lump sum
Outpatient Minor		\$75 lump sum	\$75 lump sum
Outpatient Venipuncture		\$25 lump sum	\$25 lump sum
Anesthesiology	Not Included	\$125 lump sum	\$250 lump sum
Emergency Room Indemnity Benefit for Illness Only	\$75 per visit \$300 calendar year max	\$100 per visit \$400 calendar year max	\$100 per visit \$400 calendar year max
Daily In-Patient Hospital Benefit	\$100 per day	\$300 per day	\$500 per day
Intensive Care Unit	\$200 per day	\$600 per day	\$1,000 per day
Mental Illness Disorder	\$50 per day	\$150 per day	\$250 per day
Substance Abuse	\$50 per day	\$150 per day	\$250 per day
In-Patient Skilled Nursing Facility	\$50 per day	\$150 per day	\$250 per day
Hospital Admission	Not Included	\$300 per confinement	\$500 per confinement
Accident Coverage	\$300 max per occurrence	\$500 max per occurrence	\$1,000 max per occurrence
AD&D Only (Employee)	\$10,000	\$10,000	\$10,000
Network	First Health Network Doctor	First Health Network Doctor	First Health Network Doctor & Hospital
*Health Savings Program	Included	Included	Included
*Tier'd RX Program	Included	Included	Included
Employer Paid Rates (Minimum 50% employer contribution)	Monthly	Monthly	Monthly
Employee	\$35.33	\$65.99	\$94.70
Employee Plus Child(ren)	\$52.35	\$99.05	\$143.65
Employee Plus Spouse	\$75.36	\$156.01	\$227.42
Family	\$80.22	\$164.26	\$240.86
Voluntary Rates	Monthly	Monthly	Monthly
Employee	\$41.35	\$76.68	\$114.93
Employee Plus Child(ren)	\$62.13	\$120.51	\$175.62
Employee Plus Spouse	\$90.88	\$191.69	\$280.34
Family	\$96.96	\$202.02	\$297.14

*These benefits are not underwritten by Standard Security Life Insurance Company of New York.