

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			
Inpatient	Not Included	\$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	\$75 per visit	\$100 per visit	\$100 per visit
Benefit for Illness Only	\$300 calendar year max	\$400 calendar year max	\$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
First Health Network	Doctor	Doctor	Doctor and Hospital
*Health Savings Program	Included	Included	Included
*Prescription Program	Tiered-pricing pharmacy	Tiered-pricing pharmacy	Tiered-pricing pharmacy
Employer Paid Rates	Monthly	Monthly	Monthly
(Minimum 50% employer contribution)			
Employee	\$35.33	\$65.99	\$94.70
Employee Plus Child(ren)	\$52.35	\$99.06	\$143.64
Employee Plus Spouse	\$75.35	\$156.01	\$227.43
Family	\$80.21	\$164.25	\$240.87
Voluntary Rates	Monthly	Monthly	Monthly
Employee	\$44.16	\$82.49	\$118.38
Employee Plus Child(ren)	\$65.44	\$123.83	\$179.55
Employee Plus Spouse	\$94.19	\$195.01	\$284.29
Family	\$100.26	\$205.31	\$301.09

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