



Expense Incurred Plan - 5Series

Benefit	Plan 1	Plan 2	Plan 3
Lifetime Maximum	\$100,000	\$100,000	\$100,000
Outpatient Expenses			
Annual Deductible (Individual/Family)	\$100/\$200	\$100/\$200	\$100/\$200
Co-Insurance, after deductible	80%	80%	80%
Annual Max Per Covered Person	\$1,000	\$1,250	\$1,500
Doctors Office Visit (Physician Charges)	\$15 Co-pay	\$15 Co-pay	\$15 Co-pay
Co-Insurance	100% after co-pay	100% after co-pay	100% after co-pay
All other in office expenses			
Co-Insurance, after deductible	80%	80%	80%
<i>Subject to Outpatient Annual Max</i>			
Wellness Care	\$15 Co-pay	\$15 Co-pay	\$15 Co-pay
Co-Insurance	100% after co-pay	100% after co-pay	100% after co-pay
Annual max per covered person	\$150	\$200	\$200
<i>Subject to Outpatient Annual Max</i>			
Outpatient Diagnostic Services			
Co-Insurance, after deductible	80%	80%	80%
Annual max per covered person	\$500	\$500	\$500
<i>Subject to Outpatient Annual Max</i>			
Outpatient Emergency Room Visits			
Separate Deductible	\$100	\$100	\$100
Co-Insurance, after deductible	80%	80%	80%
Annual max per covered person	\$500	\$500	\$500
<i>Subject to Outpatient Annual Max</i>			

Inpatient Expenses			
Annual Deductible (Individual/Family)	\$100/\$200	\$100/\$200	\$100/\$200
Co-Insurance, after deductible	80%	80%	80%
Annual Max Per Covered Person	\$2,000	\$3,000	\$5,000
Maternity Benefit	Covered	Covered	Covered
Mental Health/Substance Abuse	Covered	Covered	Covered
Surgical Services			
Combined Inpatient/Outpatient			
Annual max per covered person	\$1,000	\$1,500	\$2,000
Annual Deductible	IP/OP deductible applies	IP/OP deductible applies	IP/OP deductible applies
Co-Insurance, after deductible	80%	80%	80%

Important Notices: This program is not intended or recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This is a brief description only of the benefits and provisions of the Group Policy.
The Plan has exclusions and limitations and is subject to state availability.



Nationwide Specialty Health™

Nationwide and the Nationwide Framework are federally registered service marks of Nationwide Mutual Insurance Company. On Your Side is a service mark of Nationwide Mutual Insurance Company.

Plans are subject to Pre-Existing Condition Limitations.
 Rates are based on group census.

Benefit	Plan 1	Plan 2	Plan 3
Accident Benefit (IP/OP)			
Deductible	\$0	\$0	\$0
Co-Insurance	100%	100%	100%
Per Accident Maximum	\$500	\$500	\$1,000
Annual max per covered person	\$1,500	\$1,500	\$3,000
Prescription Drug	*Tier'd Rx	*Tier'd Rx	Express Scripts RX Plan
Preferred Generic and Brands	\$10, \$20, \$40 or less	\$10, \$20, \$40 or less	\$5 Generic \$15 Brand Co-pays
Non-Preferred Drugs	Discounts average 20% off of AWP	Discounts average 20% off of AWP	N/A
Participating Pharmacies	47,000 plus	47,000 plus	47,000 plus
Maximum Benefit	No limits on usage	No limits on usage	\$50 per month
Network	First Health	First Health	First Health
	4,700 Hospitals 490,000 Providers In all 50 States	4,700 Hospitals 490,000 Providers In all 50 States	4,700 Hospitals 490,000 Providers In all 50 States
*Value-Added Program	24-Hour Nurseline Counseling Services Vision Care Discounts† Chiropractic Discounts† Hearing Discounts	24-Hour Nurseline Counseling Services Vision Care Discounts† Chiropractic Discounts† Hearing Discounts	24-Hour Nurseline Counseling Services Vision Care Discounts† Chiropractic Discounts† Hearing Discounts

The **First Health Network** provides access to one of the nation's largest and most respected networks. By going to a First Health provider you can reduce your out of pocket expenses and stretch your benefit dollars.

- Access to more than 490,000 provider locations across all 50 states and the District of Columbia
- First Health logo on medical ID card for fast and easy recognition by the provider
- Re-priced Claims will be assigned directly to the provider to simplify the claims process

To find a provider online, visit www.yourmedbenefits.com.

Members still have the ability to choose any doctor they wish and have those claims assigned.



Important Notices: This program is not intended or recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This is a brief description only of the benefits and provisions of the Group Policy.

The Plan has exclusions and limitations and is subject to state availability.



Nationwide Specialty Health™

Nationwide and the Nationwide Framework are federally registered service marks of Nationwide Mutual Insurance Company. On Your Side is a service mark of Nationwide Mutual Insurance Company.

Plans are subject to Pre-Existing Condition Limitations.
Rates are based on group census.

*These benefits are not underwritten by Nationwide Life Insurance Company - these products are not insurance.

†Not available to Residents of Vermont.