

YAM MANAGEMENT LLC - SCHEDULE OF BENEFITS

2013 PPO PLAN \$500 SELECT

Plan Limits	In-network	Out-of-network
Annual Deductible (Does not include co-pays)	Individual: \$500 Family: \$1,000	Individual: \$750 Family: \$1,500
Annual Coinsurance (Plan pays after deductible is met, unless otherwise specified)	80%	60%
Annual Out-of-Pocket Maximum (Including deductible, copays excluded)	Individual: \$3,000 Family: \$6,000	Individual: \$4,000 Family: \$8,000
Annual Maximum Benefit Per Person	Unlimited	
Common Medical Event	In-network	Out-of-network
Physician Services		
Office Visit - Primary Care Provider (Includes OB/GYN & Pediatrician - Office Visit charge only)	100% after \$25 copay	60% after deductible
Office Visit – Specialist (Includes Office Visit charge only)	100% after \$45 copay	60% after deductible
Allergy Testing and Injections in Office	80% after deductible	60% after deductible
Anesthesiologist	80% after deductible	60% after deductible
Diagnostic Testing (Major) (MRI, CAT Scan, PET Scan, Nuclear Medicine)	80% after deductible	60% after deductible
Diagnostic Testing (Minor) (Ultrasound, EKG)	80% (after deductible)	60% after deductible
Laboratory / Pathology / X-ray (Freestanding Facility or Physician Office)	100% (deductible waived)	60% after deductible
Physician Hospital Visits	80% after deductible	60% after deductible
Surgery in the Office	80% after deductible	60% after deductible
Surgery in Outpatient / Inpatient	80% after deductible	60% after deductible
Preventive Care / Wellness Services		
Annual Physical Exam	100% (deductible waived)	60% after deductible
Annual Well Woman Visit (Including Annual Pap)	100% (deductible waived)	60% after deductible
Bone Density Screening	100% (deductible waived)	60% after deductible
Contraceptives	100% (deductible waived)	60% after deductible
HPV Test for Females (Ages 30+: 1 every 3 years)	100% (deductible waived)	60% after deductible
Preventive Counseling for Alcohol or Substance Abuse, Tobacco Use and Diet Related Chronic Diseases (Based on recommended frequency and age)	100% (deductible waived)	60% after deductible
Preventive / Routine Screening Services (Based on recommended frequency, age & gender)	100% (deductible waived)	60% after deductible
Prostate Cancer Screening / PSA Test	100% (deductible waived)	60% after deductible

Common Medical Event	In-network	Out-of-network
Preventive Care / Wellness Services (continued)		
Recommended Immunizations (CDC/ACIP Age Schedule)	100% (deductible waived)	60% after deductible
Recommended Well Baby / Well Child Care	100% (deductible waived)	60% after deductible
Routine Eye Exams ages 3-5	100% (deductible waived)	60% after deductible
Screening for Colorectal Cancer (Ages 45+ and includes Colonoscopy - 1 every 10 years; Sigmoidoscopy – 1 every 5 years; Annual Fecal Occult blood testing; and related surgeon, facility & anesthesia charges. Does not include pathology or prior related office visit charges, which are payable under Major Medical.)	100% (deductible waived)	60% after deductible
Screening Newborn Hearing Exams	100% (deductible waived)	60% after deductible
Screening Mammography (1 per year)	100% (deductible waived)	60% after deductible
Facility Services		
Inpatient Semi-Private Room & Board (Includes ICU, ancillary charges and Observations exceeding 48 hours - Inpatient Private Room and Board paid at hospital's average semi-private room rate)	80% after deductible	60% after deductible
Birthing Center	80% after deductible	60% after deductible
Diagnostic Testing (Major and Minor) (MRI, CAT Scan, PET Scan, Nuclear Medicine, Sleep Study, EKG, Ultrasound, X-rays)	80% after deductible	60% after deductible
Extended Care Facility Benefits (Includes Skilled Nursing and Rehabilitation Facility - 60 days combined in and out of network maximum per calendar year)	80% after deductible	60% after deductible
Outpatient Ambulatory Surgery Center	80% after deductible	60% after deductible
Outpatient Hospital Surgery	80% after deductible	60% after deductible
Outpatient Laboratory & Pathology	80% after deductible	60% after deductible
Outpatient Observation (Up to 48 hours)	80% after deductible	60% after deductible
Emergency Services		
Emergency Department - Emergent (Copay waived if admitted)	100% after \$200 copay	100% after \$200 copay
Emergency Department Physicians - Emergent	100% (deductible waived)	100% (deductible waived)
Emergency Department - Non-Emergent	100% after \$200 copay	100% after \$200 copay
Emergency Department Physicians - Non-Emergent	100% (deductible waived)	100% (deductible waived)
Emergency Air & Ground Ambulance Transport	80% after deductible	60% after deductible
Ambulette Transport	Not Covered	Not Covered
Urgent Care	100% after \$45 copay	60% after deductible

Common Medical Event	In-network	Out-of-network
Behavioral Health Services (Mental Health & Substance Abuse)		
Inpatient Behavioral Health Room & Board (Includes ICU, ancillary charges and Observations exceeding 48 hours - Inpatient Private Room and Board paid at hospital's average semi-private room rate)	80% after deductible	60% after deductible
Partial Day Behavioral Health	80% after deductible	60% after deductible
Outpatient Behavioral Health (Includes Psychotherapy visits)	100% after \$25 copay	60% after deductible
Other Services		
Chemotherapy	80% after deductible	60% after deductible
Chiropractic	100% after \$25 copay	60% after deductible
Dialysis	80% after deductible	60% after deductible
Durable Medical Equipment (Including Orthotic Appliances and Prosthetics)	80% after deductible	60% after deductible
Home Health Care	80% after deductible	60% after deductible
Hospice Services	80% after deductible	60% after deductible
Mastectomy Supplies (Includes 2 bras post mastectomy)	80% after deductible	60% after deductible
Organ Transplants	80% after deductible	60% after deductible
Physical Therapy and Occupational Therapy (40 visits combined in and out of network maximum per calendar year)	80% after deductible	60% after deductible
Pulmonary Rehabilitation and Cardiac Rehabilitation	80% after deductible	60% after deductible
Radiation Therapy	80% after deductible	60% after deductible
Speech Therapy (20 visits combined in and out of network maximum per calendar year)	80% after deductible	60% after deductible
Covered Wigs and Hair Pieces (1 per lifetime)	80% after deductible	60% after deductible
All Other Covered Expenses	80% after deductible	60% after deductible
Dental Services		
Relating to Accidental Injury & Oral Surgery	80% after deductible	60% after deductible

Important Information:

- **The benefits outlined in this Schedule of Benefits are subject to all Plan Provisions, including Medical Necessity and the Exclusions and Limitations. Refer to the specific section in the Summary Plan Description for benefit details.**
- **Certain medical services require precertification. Failure to pre-certify will result in reduced benefits (see Section V “Managed Care Program”).**
- **Benefits are based on the Maximum Allowable Amount.**
- **Co-payments and precertification penalties do not apply toward the out-of-pocket maximum. (Do or Do Not)**
- **All claims must be submitted within twelve (12) months from the date of service.**

Prescription Drugs

<p>By Participating Retail Pharmacy</p> <ul style="list-style-type: none"> • Covered Person's Co-pay Amount <p>Generic Products (Tier 1) Preferred Brand Products (Tier 2) Non-Preferred Brand Products (Tier 3)</p>	<p>For Up To A 30-Day Supply</p> <p>\$10 25% 50%</p>
<p>By Participating Mail Order Pharmacy</p> <ul style="list-style-type: none"> • Covered Person's Co-pay Amount <p>Generic Products (Tier 1) Preferred Brand Products (Tier 2) Non-Preferred Brand Products (Tier 3)</p>	<p>For Up To A 90-Day Supply</p> <p>\$20 25% 50%</p>
<p>By Non-Participating Pharmacy</p> <p>Use of a Non-Participating Pharmacy, requires payment for the prescription upfront. The Covered Person can then submit a Claim Reimbursement Form with a receipt to Prescription Solutions for reimbursement. Reimbursement for covered prescription products will be based on the lowest contracted amount of a Participating Pharmacy minus an applicable deductible and/or retail co-pay shown in this Schedule.</p>	