

Schedule of Benefits – Small Group POS
Group {XXXXXXX} – {Sample Group}
Benefit Year: January 1st – December 31st
Effective Date: {01/01/2011}



Security Health Plan certifies that you and any covered dependents have coverage as described in your Certificate and Schedule of Benefits as of the effective date shown on the letter you received with your identification cards, subject to the terms, conditions, exclusions, limitations and all other provisions of the group policy.

This Schedule shows your specific cost-sharing, as well as any additional benefits, limitations or exclusions not shown in your Certificate. It also provides a very general summary of your benefits for certain types of services; **you will need to read it in conjunction with your Certificate for details about your coverage.** Benefits are calculated according to the benefit year shown above.

Reimbursement is limited for out-of-network benefits to the reasonable and customary charges for cost-effective services, subject to applicable deductible, coinsurance and copayment amounts. If a charge exceeds our reasonable and customary fee limit, we may reimburse less than the billed charge and the member is responsible for any amount charged in excess of such fees, as well as applicable deductible, coinsurance and copayment amounts.

Sample Responsibilities	{Network Type I from Product Type}	{Network Type II from Product Type}
Deductible	\$250-\$5,000 per {Individual} \$500-\$15,000 per {Family}	\$500-\$10,000 per {Individual} \$1000-\$30,000 per {Family}
Coinsurance	0-20% of \$5,000-\$10,000 per {Individual} \$10,000-\$30,000 per {Family}	20%-40% of \$5,000-\$10,000 per {Individual} \$10,000-\$30,000 per {Family}
Annual out of pocket (Deductible & coinsurance)	Total of deductible & coinsurance amounts	Total of deductible & coinsurance amounts
Office visit copayments	\$0-\$25 copayment per office visit	\$0-\$25 copayment per office visit
Emergency room copayments (Waived if admitted to the Hospital as an Inpatient)	\$100 per visit	\$100 per visit
Lifetime maximum benefit limit	Unlimited	Unlimited

Sample Benefits	{Network Type I from Product Type}	{Network Type II from Product Type}
Ambulance services	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Anesthesia services	Subject to deductible and coinsurance	Subject to deductible and coinsurance

Sample Benefits	{Network Type I from Product Type}	{Network Type II from Product Type}
Autism spectrum disorder treatment	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Chiropractic services	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Durable medical equipment and medical supplies (Including insulin pump and supplies)	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Hearing examinations	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Home health care	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Hospice care	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Hospital emergency room services (Copayment waived if admitted to hospital as inpatient)	\$100 copayment per visit	\$100 copayment per visit
Hospital inpatient services (Including Semi-Private or Special Care Room, Operating Room, Ancillary Services and Supplies)	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Hospital outpatient and surgical center services (Not including Emergency Room)	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Maternity services <ul style="list-style-type: none"> • <i>Hospital services</i> • <i>Physician services</i> 	Subject to deductible and coinsurance Subject to deductible and coinsurance	Subject to deductible and coinsurance Subject to deductible and coinsurance
Mental health services <ul style="list-style-type: none"> • <i>Inpatient care</i> • <i>Outpatient care</i> • <i>Transitional care</i> 	Subject to deductible and coinsurance 6 days covered at 100% per calendar year then subject to deductible and coinsurance 6 days covered at 100% per calendar year then subject to deductible and coinsurance	Subject to deductible and coinsurance Subject to deductible and coinsurance Subject to deductible and coinsurance

Sample Benefits	{Network Type I from Product Type}	{Network Type II from Product Type}
Office visits	\$0-\$25 copayment per office visit	\$0-\$25 copayment per office visit
Outpatient laboratory services	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Outpatient radiology services	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Outpatient therapy services <ul style="list-style-type: none"> • <i>Occupational therapy</i> • <i>Physical therapy</i> • <i>Speech therapy</i> 	Subject to deductible and coinsurance Subject to deductible and coinsurance Subject to deductible and coinsurance }	Subject to deductible and coinsurance Subject to deductible and coinsurance Subject to deductible and coinsurance }
Physician services <ul style="list-style-type: none"> • <i>Hospital services</i> • <i>Other services in an office</i> 	Subject to deductible and coinsurance Subject to deductible and coinsurance	Subject to deductible and coinsurance Subject to deductible and coinsurance }
Skilled nursing facility	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Substance abuse services <ul style="list-style-type: none"> • <i>Inpatient care</i> • <i>Outpatient care</i> • <i>Transitional care</i> 	Subject to deductible and coinsurance 6 days covered at 100% per calendar year then subject to deductible and coinsurance 15 days covered at 100% per calendar year then subject to deductible and coinsurance	Subject to deductible and coinsurance Subject to deductible and coinsurance Subject to deductible and coinsurance
Surgical services <i>{surgical services language}</i>	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Temporomandibular joint disorders or TMJ non-surgical treatment	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Transplant services	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Vision examinations	Subject to deductible and coinsurance	Subject to deductible and coinsurance

Sample Preventive Benefits	{Network Type I from Product Type}	{Network Type II from Product Type}
Comprehensive physical examination (complete physical) <ul style="list-style-type: none"> - Well-baby care - Well-child care - Adolescent well-care - Adult well-care 	Covered at 100%	Covered at 100%
Gynecological examination for women (breast exam and pelvic exam)	One per calendar year, then subject to deductible/coinsurance	One per calendar year, then subject to deductible/coinsurance
Digital prostate examination for men	One per calendar year, then subject to deductible/coinsurance	One per calendar year, then subject to deductible/coinsurance
Preventive hearing test	One per calendar year, then subject to deductible/coinsurance	One per calendar year, then subject to deductible/coinsurance
Comprehensive preventive vision examination	One per calendar year, then subject to deductible/coinsurance	One per calendar year, then subject to deductible/coinsurance
Mammogram to screen for breast cancer	One per calendar year, then subject to deductible/coinsurance	One per calendar year, then subject to deductible/coinsurance
Pap smear to screen for cervical cancer	One per calendar year, then subject to deductible/coinsurance	One per calendar year, then subject to deductible/coinsurance
Colonoscopy screening for colorectal cancer	One every two years, then subject to deductible/coinsurance	One every two years, then subject to deductible/coinsurance
Screening laboratory services Including, but not limited to: basic metabolic panel, comprehensive metabolic panel, general health panel, lipoprotein, lipid panel, glucose (blood sugar), complete blood count (CBC), hemoglobin, thyroid stimulating hormone (TSH), prostate specific antigen (PSA), and urinalysis	Each laboratory service covered at one per calendar year, then subject to deductible/coinsurance	Each laboratory service covered at one per calendar year, then subject to deductible/coinsurance
Bone mineral density (dexa) scan to screen for osteoporosis in women	One per calendar year, then subject to deductible/coinsurance	One per calendar year, then subject to deductible/coinsurance

Chlamydia screening for women	One per calendar year, then subject to deductible/coinsurance	One per calendar year, then subject to deductible/coinsurance
Ultrasound for screen of an abdominal aortic aneurysm for men	One per calendar year, then subject to deductible/coinsurance	One per calendar year, then subject to deductible/coinsurance
Immunizations and vaccinations (including those needed for travel)	Covered at 100%	Covered at 100%

Prescription Drugs <i>{Rx language}</i>	{Network Type I from Product Type}	{Network Type II from Product Type}
<p>Pharmacy Retail Benefits</p> <ul style="list-style-type: none"> Varies by employer 	<p>Employer selects one of the following: \$5/\$25/\$50 copayment, or \$10/\$30/\$60 copayment, or \$20/\$40/\$60 copayment or \$10 tier 1 drug only</p> <p>HDHP plans only may be subject to deductible and coinsurance</p>	<p>Employer selects one of the following: \$5/\$25/\$50 copayment, or \$10/\$30/\$60 copayment, or \$20/\$40/\$60 copayment or \$10 tier 1 drug only</p> <p>HDHP plans only may be subject to deductible and coinsurance</p>

Dependent Coverage

Dependent children are covered from birth through the end of the month they attain the age of 26.

After turning 26, dependent children are eligible through the earliest of 1) the end of the month they marry or 2) the end of the month they attain the age of 27 or 3) the end of the month in which they become eligible for coverage under a group health benefit plan offered by the child's employer for which the amount of the child's premium is no greater than the premium amount for his or her coverage as a dependent under this plan.

In addition, a child who meets the criteria above and is a full-time student as defined in the Certificate has an extension past age 26 IF the child was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was under 27 years of age and attending, on a full-time basis, an institution of higher learning. Such extension ends on the date described in the full-time student definition in the Certificate

Waiting Period for Pre-Existing Condition

- 12 months for new enrollees
- 18 months for late enrollees
- Does not apply to children age 19

Additional Exclusions and Limitations	{Network Type I from Product Type}	{Network Type II from Product Type}
<i>{Additional Exclusion and Limitations Language}</i>	{Addtl Exclusions/Limitations}	{Addtl Exclusions/Limitations}

{Grandfathered Health Plan Disclosure}

This health insurance issuer believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the Affordable

Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what

might cause a plan to change from grandfathered health plan status can be directed to your employer. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or visit www.dol.gov/ebsa/healthreform. This Web site has a table summarizing which protections generally do and do not apply to grandfathered health plans. This plan may incorporate some or all of these consumer protections even though it is a grandfathered health plan. Please see your plan materials or contact your employer to determine whether your plan includes a particular consumer protection.

HP-