

Cost Saver Benefits: Plan 2

DEDUCTIBLE	\$250 per person per year (waived for Office and Urgent Care Visits)
COINSURANCE	100% for all benefits after deductible and any applicable copays to a maximum out of pocket of \$2,500 per person in network.*

*Out-of-network benefits are paid at 125% of Medicare with no maximum out-of-pocket for balance billing.

Outpatient and Physician Benefits	Cost Saver Plan 2
Office Visits	\$35 Copay per visit
Urgent Care	\$55 Copay per visit
Other Physician, Lab and X-rays <i>(done outside the physician's office)</i>	\$50 Copay
Emergency Room	\$250 Copay
Outpatient Complex Imaging (MRI, CT, PET)	\$300 Copay
Physician Inpatient & Outpatient Surgery	\$500 Copay
MAXIMUM BENEFIT	UNLIMITED
Facility Indemnity Benefits	
Outpatient Surgery Facility <i>(limit 3 per year)</i>	\$1,500
Inpatient Surgery Facility <i>(limit 2 per year)</i>	\$1,500
Inpatient Daily Benefit - Standard Room**	\$750
Inpatient Daily Benefit - ICU**	\$1,500
**Limited to 30 days of combined total inpatient days per year	
MAXIMUM ANNUAL BENEFIT (for all facility indemnity payments)	\$52,500

This is an incomplete summary of plan benefits for plan comparison only. Please see the Summary Plan Description for complete details including benefits, exclusions and limitations.

Benefit Categories

Cost Saver pays benefits for covered services based on the type of service received by the member and the location where the service is received. Some of the most common types of services for your benefit category are listed below.

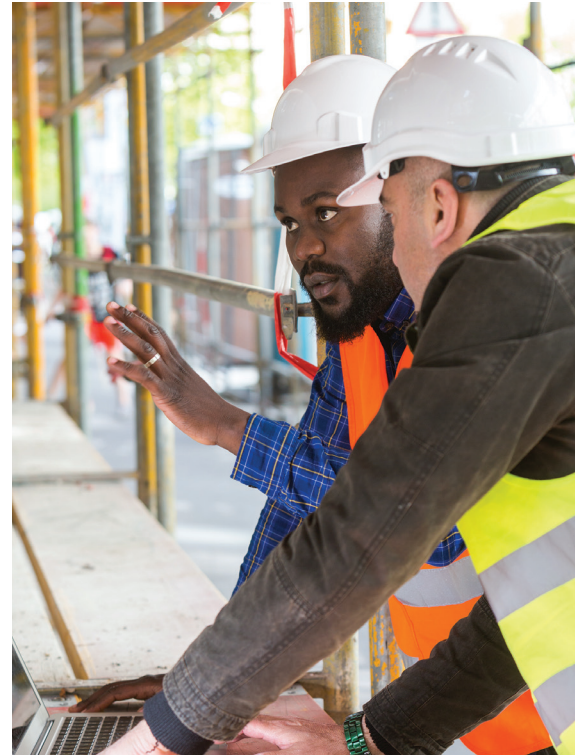
Outpatient Benefits

Office Visit

Most services performed in the doctor's office, including the office visit itself, consultations, immunizations, mammograms, pap smears and most diagnostic tests (x-rays and lab) are covered in this benefit category and subject to the office visit copay, up to \$500 in benefits per visit. Surgical procedures, costing less than \$500 and performed in the doctor's office, are also covered in this benefit category.

All Other Physician Services

Services performed by and/or billed for by a physician, not as part of an office visit, are covered in this benefit category and subject to a \$50 copay, then subject to deductible. Items like medical supplies, surgical services, cardiovascular testing, reading of x-rays and MRIs, and ground ambulance service.



Facility

Outpatient Surgery

Outpatient surgical facilities are covered in this benefit category.

Inpatient Facility Benefit

Facility charges for inpatient stays are covered in this benefit category. The plan pays a daily benefit for all charges from the facility according to the room classification (e.g. ICU versus standard room). If admitted as an inpatient from the emergency room, the inpatient facility benefit and copay applies.

Extra Benefits

Teladoc

When you have Cost Saver, you have telephone and PC access to a provider 24/7. For minor health issues like a cold, flu, allergies or sprained ankle, Teladoc is rapidly becoming the favored way to seek immediate help. There's no copay or other charge for using your Teladoc benefit.

LabCard

Allied's plan includes a discount Lab Card Program that gives members an opportunity to obtain outpatient laboratory testing services at no cost. Costs paid 100% by plan.

Rx Card

Cost Saver covers all generic drugs for a \$15 copay. Brand and outpatient specialty drugs are available at a discount.