

ELK GROVE VILLAGE HIGH DEDUCTIBLE MEDICAL BENEFIT PLAN

Benefit Services	Benefit Coverage	
Hospital Expenses (in PPO Hospitals only) Second Surgical Opinion Pre-Admission Testing Routine Physicals	80% Network/60% Non-Network (After Deductible)	
Calendar Year Deductible	\$1,100/Employee Only \$2,200 Family	
All Other Covered Services (includes Non-PPO Hospital expenses)	80% after deductible	
Psych/Substance Abuse:	With Cost Care PSA	Without Cost Care PSA
Inpatient Services	80% Network/60% Non-Network	50%
Outpatient Services	80% Network/60% Non-Network; subject to daily or visit maximums	50% for Psychotherapy, limited to 1 daily visit for Psych and 50 annual visits for Substance Abuse All others covered as any other sickness
Out of Pocket Maximum (Calendar Year, excludes deductible)	\$2,000 Employee only/ Network \$4,000 Employee only/ Non-Network \$4,000 Family/Network \$8,000 Family/Non-Network	
Prescription Benefit Program (Retail and Mail-Order)	RETAIL \$5 copay for generic \$25 copay for brand name MAILORDER \$10 copay for generic \$20 formulary \$50 brand name	
Lifetime Maximum	\$2,000,000 per individual	

This is a summary, for illustrative purposes only. Please refer to the Summary Plan Description for complete details.