

**BASIC HOSPITAL-MEDICAL-SURGICAL BENEFITS FOR NON-MEDICARE ELIGIBLES**

**Basic Benefits – Schedule of Allowances  
Effective April 1, 2019**

The following Basic Benefits are paid at 100% of the scheduled amounts shown below for the applicable type of medical expense and are not subject to a deductible. In most cases, the balance of the Maximum Allowable Charge (MAC) remaining after these Basic Benefits have been paid is covered under the Major Medical benefit. These Basic Benefits allowances are subject to periodic adjustment.

**Hospital Benefits**

Room & Board: Up to \$826.41 per day, for up to 365 days per confinement.

Hospital Extras\*:

PPO: 100% of PPO charges

Non-PPO: Up to \$10,330.94 with any balance at 80% of MAC under Major Medical

No PPO Access: 100% of MAC

Ambulance: Up to \$763.57 per confinement for transportation to or from a hospital (included in the "Hospital Extras" benefit).

\*(The "Hospital Extras" benefit is payable for inpatient hospital charges for supplies and services other than room and board, outpatient hospital charges incurred for surgery or accident treatment, and surgery charges from approved ambulatory surgery centers.) Basic Benefits will not be provided for Out-Patient Surgery charges in an Ambulatory Surgery Center unless referred to by a PPO provider.

**Surgery and Anesthesia**

Maximum per Disability (a "disability" is any one accident or sickness):

|  |             |
|--|-------------|
| Surgeon.....   | \$18,872.00 |
| Anesthesiologist.....  | \$6,290.70  |
| Assistant Surgeon.....   | \$3,774.40  |
| Maximum for any one procedure – based on 1964 Relative Value Schedule (RVS)<br>units multiplied by ..... | 94.36       |

**Doctor Visits**

Maximum per day:

|   |             |
|---|-------------|
| Office Visits.....                          | \$62.82     |
| Home Visits .....                           | \$103.10    |
| Hospital Visits .....                       | \$62.82     |
| Maximum hospital visit per confinement..... | \$22,929.30 |

**Diagnostic X-Ray and Laboratory – Outpatient**

Maximum per accident or sickness in each 6-month period..... \$1,033.10  
(Benefit maximum renews on January 1 and July 1 each year)

**Well Baby Care** Effective July 1, 2011, the maximum of \$500.00 per year (from birthday to birthday) is eliminated.