

**MAXIMUM COVERED
EXPENSE LIMITATIONS:****Hospital Inpatient Services:****Participating Provider – Inpatient:**

Eligible Amounts are limited to the lesser of:

1. contracted rate, or
2. billed charges, or
3. 130% of Medicare Allowable, or
4. amount Paid by you, up to a \$6,000 Average Daily Maximum (ADM) per discharge

Non-Participating Provider – Inpatient:

Eligible Amounts are limited to the lesser of:

1. contracted rate, or
2. billed charges, or
3. 130% of Medicare Allowable, or
4. amount Paid by you, up to a \$6,000 Average Daily Maximum (ADM) per discharge

Emergency Out -of-Area - Inpatient:

Eligible Amounts are limited to the lesser of:

1. contracted rate, or
2. billed charges, or
3. 130% of Medicare Allowable, or
4. amount Paid by you, up to a \$6,000 Average Daily Maximum (ADM) per discharge

Hospital Outpatient Services:**Participating Provider – Outpatient:**

Eligible Amounts are limited to the lesser of:

1. contracted rate, or
2. 130% of Medicare Allowable, or
3. amount Paid by you.

Non-Participating Provider – Outpatient:

Eligible Amounts are limited to the lesser of:

1. contracted rate, or
2. 130% of Medicare Allowable, or
3. amount Paid by you.

MAXIMUM COVERED EXPENSE LIMITATIONS (Cont'd)	<p><u>Transplant Services:</u></p> <p>Participating Provider – Outpatient: Eligible Amounts are limited to the lesser of:</p> <ol style="list-style-type: none"> 1. contracted rate, or 2. 130% of Medicare Allowable, or 3. amount Paid by you. <p><u>Transplant acquisition expense:</u> Not Covered</p> <p><u>Travel Expense:</u> Not Covered</p> <p><u>Hospital Inpatient Services - Long Term Acute Care Hospital and Sub-Acute Care Services (extended care services, skilled nursing, rehabilitation), Extended Care Facility Services/Skilled Nursing Facility Services/Sub-Acute Care Facility Services/Rehabilitation Facility Services/Hospice/Home Health Services provided by a Home Health care Agency:</u></p> <p>Eligible Amounts are limited to the lesser of:</p> <ol style="list-style-type: none"> 1. contracted rate, or 2. billed charges, or 3. 130% of Medicare Allowable, or 4. amount Paid by you, up to a \$6,000 Average Daily Maximum (ADM) per discharge <p>(Combination of LTAC and all Sub-Acute categories is limited to 60 days in total per member per policy period, up to a \$6,000 maximum average per diem per discharge.)</p> <p><u>Pharmaceuticals:</u></p> <p><u>Pharmaceuticals (rendered in an Outpatient Setting, Physician's Office, or at Home):</u> Eligible Amounts are limited to the lesser of:</p> <ol style="list-style-type: none"> 1. contracted rate, or 2. 130% of Medicare Allowable, or 3. amount Paid by you, or 4. AWP less 15% only when there is no Medicare Allowable. <p>Retail or mail order Pharmaceuticals: Not Covered</p>
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**MAXIMUM COVERED
EXPENSE LIMITATIONS:
(Cont'd)****Specialty Drugs (Including Cell & Gene Therapies):**

Eligible Amounts are limited to the lesser of:

1. contracted rate, or
2. billed charges, or
3. 130% of Medicare Allowable, or
4. amount Paid by you.

Durable Medical Equipment:

Eligible Amounts are limited to the lesser of:

1. contracted rate, or
2. billed charges, or
3. 130% of Medicare Allowable, or
4. amount Paid by you.

Ambulance:**For an emergency:**

Eligible Amounts are limited to the lesser of:

1. contracted rate, or
2. billed charges, or
3. 130% of Medicare Allowable, or
4. amount Paid by you.

All other non-emergency Ambulance services:

Not Covered

Physician Services:**Participating Provider – Physicians Services:**

Eligible Amounts are limited to the lesser of:

1. contracted rate, or
2. billed charges, or
3. 130% of Medicare Allowable, or
4. amount Paid by you

MAXIMUM COVERED EXPENSE LIMITATIONS: (Cont'd)	Non-Participating Provider – Physicians Services: Eligible Amounts are limited to the lesser of: <ol style="list-style-type: none"> 1. contracted rate, or 2. amount Paid by you, or 3. 130% of Medicare Allowable for 2022 geographically adjusted cost to the Medicare; 4. Procedures, services, and supplies not indicated in the Medicare Physician Fee Schedule will be valued at the lesser of Amount Paid, Contracted Rate, or 70% of the Providers U&C charge.
CLAIMS REPORTING REQUIREMENTS: (Claims Basis -12/18/19/24)	Claims must be <u>incurred</u> from: June 1, 2022 to June 1, 2023. Claims must be <u>paid</u> from June 1, 2022 to December 31, 2023 . Claims must be submitted from June 1, 2022 to January 31, 2024 . All documentation for any pending or denied claims by the Reinsurer must be submitted by May 31, 2024 . If the Policy terminates prior to the Expiration Date, the Claim Reporting Deadline and the Claim Submission Deadline specified shall be shortened by the number of days that the Policy Period was shortened as a result of changing the Expiration Date. Such new Claim Reporting Deadline and Claim Submission Deadline shall apply through this Policy. (Please refer to Section III, pgs. 18 & 19 – Effective Date, Cancellation and Termination of the Policy for specific details).
ELIGIBLE SERVICES	<ul style="list-style-type: none"> • Hospital Inpatient Services: Acute Care Services • Hospital Inpatient Services: LTAC and Sub-Acute Care Services (extended care services, skilled nursing, rehabilitation) • Extended Care Facility Services/Skilled Nursing Facility Services/Rehabilitation Facility Services/Hospice/Home Health Services • Hospital Outpatient Services • Physician Services • Ambulance Services • Durable Medical Equipment (DME) • Transplant services
Services Not Included:	<ul style="list-style-type: none"> • Transplant acquisition expense; • Travel expense; • Hospice; • Non-emergency Ambulance Services • Retail prescription drugs; or • Mail Order Pharmaceuticals.