



Value High and Low Plans

Plan Benefits	High Plan Pays	Low Plan Pays
Daily In-Hospital Indemnity Benefit	\$450 per day; maximum of 30 days per confinement	\$200 per day; maximum of 30 days per confinement
Outpatient Physician Office Visit Indemnity Benefit	\$70 per visit; maximum of 9 visits per calendar year	\$70 per visit; maximum of 6 visits per calendar year
Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit	\$50 per testing day; maximum of 4 testing days per calendar year	\$50 per testing day; maximum of 2 testing days per calendar year
Surgical and Anesthesia Indemnity Benefit	1,500 Surgical Schedule; pays 20% Anesthesia	1,500 Surgical Schedule; pays 20% Anesthesia
In-Hospital and Surgical Additional Indemnity Benefit	No Coverage	No Coverage
Off-the-Job Accidental Injury Indemnity Benefit	Actual charges* up to \$100 per covered accident per calendar year; maximum of 5 covered accidents	Actual charges* up to \$100 per covered accident per calendar year; maximum of 5 covered accidents
Prescription Drug Indemnity Benefit	\$30 per prescription; maximum of 12 prescriptions per calendar year	\$30 per prescription; maximum of 6 prescriptions per calendar year
Wellness Indemnity Benefit	\$100 per visit; maximum of 1 visit per calendar year	\$100 per visit; maximum of 1 visit per calendar year
Critical Illness Indemnity Benefit	No Coverage	No Coverage
Emergency Room Sickness Benefit	\$50 per visit to hospital emergency room due to sickness; maximum of 4 visits per calendar year	\$50 per visit to hospital emergency room due to sickness; maximum of 2 visits per calendar year
Intensive Care Indemnity Rider	\$100 per day; maximum of 10 days per calendar year	\$100 per day; maximum of 10 days per calendar year
Daily Inpatient Drug and Alcohol Indemnity Benefit	\$100 per day; maximum of 30 days per calendar year	\$100 per day; maximum of 30 days per calendar year
Daily Inpatient Mental and Nervous Indemnity Benefit	\$100 per day; maximum of 30 days per calendar year	\$100 per day; maximum of 30 days per calendar year
Ambulance Indemnity Benefit	\$100 per ambulance trip; maximum of 3 trips per calendar year	\$100 per ambulance trip; maximum of 3 trips per calendar year
Daily Skilled Nursing Benefit	No Coverage	No Coverage
PPO Network	MultiPlan	MultiPlan
Teladoc	Not Included	Not Included
Group Term Life Policy with AD&D Rider	\$10,000 Employee Coverage (\$5,000 spouse, \$2,500 dependent children)	\$10,000 Employee Coverage (\$5,000 spouse, \$2,500 dependent children)
TransDI Plus Short Term Disability Policy	No Coverage	No Coverage
TransSmile Dental Plan	Not Included	Not Included
Connecticut General Life Basic Life/AD&D	\$10,000 Employee only	\$10,000 Employee only

* The Amount actually paid on behalf of the covered person and accepted by the provider as payment in full for services provided.
The Value Plan is unavailable in the following states: Maine, New Hampshire, Washington, Oregon, New York and Connecticut.