PARKLAND COLLEGE

QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN

SCHEDULE OF BENEFITS

EFFECTIVE 2/1/22

Lifetime Maximum Benefits	**Preferred Provider/ Non-Preferred Provider**
Individual Lifetime Maximum Benefit	Unlimited
Temporomandibular Joint (TMJ) Disorder	$2,500 per member
Wigs (following cancer treatment)	$250 per member

The term "Lifetime" refers to the time a person is actually a Beneficiary of a welfare benefit plan sponsored by the Group and is not intended to suggest benefits beyond an individual's termination date.

Plan Year Maximum Benefits	
Inpatient Rehabilitation and Skilled Nursing Care	120 days
Outpatient Rehabilitative Therapy Services (Occupational, speech and physical therapies)	60 visits (treatment combined)

The maximum benefits allowed for Preferred and Non-Preferred services are combined.

Plan Year Deductibles	**Preferred Provider**	**Non-Preferred Provider**
Single	$4,500	$6,500
Family	$6,500	$9,500

Deductibles apply to all services except Preventive Care/Wellness Benefits, Precertification Penalties, Second and Third Surgical Opinions and Vision Hardware Benefits. Deductible amounts accumulate separately for Preferred and Non-Preferred benefits. Aggregate Deductible - if one person is on the plan, he or she works toward the Single Deductible. If more than one person is on the plan, they work toward the Family Deductible.

Plan Year Out-of-Pocket Maximum	**Preferred Provider**	**Non-Preferred Provider**
Single	$4,500	$6,500
Family	$6,500	$9,500

Out-of-Pocket Maximums include Coinsurance, Deductibles and Copayments. Out-of-Pocket amounts accumulate separately for Preferred and Non-Preferred benefits. Out-of-Pocket Maximums do not include Penalties assessed for Failure to Preauthorize services. The Family Out-of-Pocket amount is satisfied when Family Members combine to meet the Family Out-of-Pocket Maximum amounts. The maximum Out of Pocket Maximum need only be met once per Plan Member per benefit year.

Preauthorization Penalty	**Preferred Provider/ Non-Preferred Provider**	
Failure to Preauthorize	$250 benefit reduction (Multiplan Providers Only)	$250 benefit reduction

NOTES:

Inpatient Services/Benefits	You Pay Preferred Provider	You Pay Non-Preferred Provider
Physician Services	0% after deductible	0% after deductible
Hospital Care	0% after deductible	0% after deductible
Maternity Care	0% after deductible	0% after deductible
Inpatient Rehabilitation and Skilled Nursing Care	0% after deductible	0% after deductible
Human Organ Transplant	0% after deductible	0% after deductible
Mental Health Care	0% after deductible	0% after deductible
Substance Abuse Treatment	0% after deductible	0% after deductible

Outpatient Services/Benefits		
Office Visit-Primary Care	0% after deductible	0% after deductible
Office Visit-Specialty Care	0% after deductible	0% after deductible
Telehealth Services	0% after deductible	0% deductible
Routine Prenatal Care	0% - no deductible	0% - no deductible
Wellness Benefit Program: Annual Physicals, Injections, Immunizations, Mammograms, PAP Smears, Prostate Screening, Colorectal Screening, Cholesterol Screening	0% - no deductible	0% - no deductible
Well Child Care	0% - no deductible	0% - no deductible
Routine Eye Exams (Age 18 and under)	0% - no deductible	0% - no deductible
Outpatient Surgery	0% after deductible	0% after deductible
Diagnostic Testing (X-rays and laboratory services)	0% after deductible	0% after deductible
Mental Health Care	0% after deductible	0% after deductible
Substance Abuse Treatment	0% after deductible	0% after deductible
Home Health Care/Home Infusion	0% after deductible	0% after deductible
Hospice Care	0% after deductible	0% after deductible

NOTES:

Outpatient Services/Benefits	You Pay Preferred Provider	You Pay Non-Preferred Provider
Rehabilitative Therapy Services (Occupational, speech and physical therapies)	0% after deductible	0% after deductible
Emergency Services	0% after deductible	0% after deductible (Preferred Provider Deductible and OOPM applies)
Ambulance Services (must be medically necessary)	0% after deductible	0% after deductible
Urgent Care	0% after deductible	0% after deductible
Durable Medical Equipment and Prosthetic Devices	0% after deductible	0% after deductible
TMJ Disorder	0% after deductible	0% after deductible
Chiropractic Services and Spinal Manipulations	Not Covered	Not Covered
Retail Prescription Drugs (Limited to a maximum 30-day supply)	Tier 1: 0% after deductible Tier 2: 0% after deductible Tier 3: 0% after deductible	Tier 1: 0% after deductible Tier 2: 0% after deductible Tier 3: 0% after deductible
Mail-Order Prescription Drugs (Limited to a maximum 90-day supply)	Tier 1: 0% after deductible Tier 2: 0% after deductible Tier 3: 0% after deductible	Tier 1: 0% after deductible Tier 2: 0% after deductible Tier 3: 0% after deductible
Retail 90 Rx Prescription Drugs (Limited to a maximum 90-day supply)	Tier 1: 0% after deductible Tier 2: 0% after deductible Tier 3: 0% after deductible	Tier 1: 0% after deductible Tier 2: 0% after deductible Tier 3: 0% after deductible
Specialty Prescription Drugs	0% after deductible	0% after deductible
Smoking Cessation Medications	0% after deductible	0% after deductible
Infertility Services	0% after deductible	0% after deductible
Autism Spectrum Disorders	0% after deductible	0% after deductible
Other Covered Services	0% after deductible	0% after deductible

NOTES:

Retail and specialty prescription drugs may be prescribed by a Non-Preferred Provider but must be dispensed at a Preferred pharmacy or provided by a Preferred Provider.

Preferred Provider Coinsurance, if any, is based on the allowed or discounted amount.

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