



Preventative Benefits

Health Screening (per treatment)

PLAN 7	PLAN 8
n/a	\$100

Hospital Benefits

Hospital Admission (after elimination period)

\$750	\$1,000
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Elimination Period:	Sickness	1 day
	Injury	0 days

Hospital Confinement Benefit First 30 Days

Intensive Care Unit (max of 30 days)

Emergency Room (up to 3 per calendar year per person)

100/day	\$300/day
n/a	\$100/day
n/a	\$50/visit

Surgery Benefits

Surgical Schedule % (based on set schedule of benefits)

Anesthesia (% Of surgical)

25%	100%
25%	25%

Out of Hospital Benefits

Outpatient Prescription Drugs (5 per year per person)

n/a	\$20/prescription
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Other Benefits

Physician's Office (five per calendar year per person)

DXL (up to 3 per calendar year per person)

\$50/visit	\$100/visit
n/a	\$25/test

NETWORK

Please visit www.beechstreet.com to check for network providers in your area.

Beechstreet Beechstreet
(Avg discount of 30% on all services)

PLAN 7

EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
\$60.00	\$103.00	\$70.00	\$111.00

PLAN 8

EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
\$144.00	\$270.00	\$221.00	\$343.00