ISLAND GROUP ADMINISTRATION, INC.
ISLAND GROUP

LIBERTY CSD ISLAND 65 BENEFIT SUMMARY

GENERAL CONDITIONS

Lifetime Maximum Benefit (per person)	Unlimited
Annual Maximum Benefit (per person)	Unlimited

	IN-NETWORK BENEFIT PAYMENT	OUT-OF-NETWORK BENEFIT PAYMENT
Deductible	N/A	$300 per individual; $750 per family
Maximum Out-of-Pocket Expense	N/A	$750 per individual; $1250 family

HOSPITAL SERVICES

	IN-NETWORK BENEFIT PAYMENT	OUT-OF-NETWORK BENEFIT PAYMENT
Hospital Inpatient Services *Precertification required*	Covered in Full	80% of Medicare allowance after deductible
Hospital Outpatient Services	Covered in Full	80% of Medicare allowance after deductible
Ambulatory Surgical Center	Covered in Full	80% of Medicare allowance after deductible
Emergency Room The symptoms of an emergency condition (e.g. severe pain) must be serious enough that a layperson with average knowledge of medicine and health could reasonably believe that, if not immediately treated; • The person's health, or, in the case of a behavioral condition the person's health or the health of others, could reasonably be in danger; • The person's bodily functions could be seriously impaired • One of the organs or other parts of the body could be harmed; or • The person could be seriously disfigured	$35 Co-pay	100% of covered expenses less $35
Emergency Room Physicians	Covered in full	Covered in full
Urgent Care	$15 Co-pay	100% of covered expenses less $15

LIBERTY CSD ISLAND 65 BENEFIT SUMMARY

HOSPITAL SERVICES (CONT.)

	IN-NETWORK BENEFIT PAYMENT	OUT-OF-NETWORK BENEFIT PAYMENT
Pre-Admission Testing *(within 14 days of surgery)*	Covered in Full	80% of Medicare allowance after deductible
Laboratory Service	Covered in Full	80% of Medicare allowance after deductible
Physical Therapy (Inpatient Only)	Covered in Full	80% of Medicare allowance after deductible
Physical Therapy (Outpatient)	$15 Co-pay	Not Covered
Hemodialysis	Covered in Full	80% of Medicare allowance after deductible
Chemotherapy	Covered in Full	80% of Medicare allowance after deductible

PHYSICIAN SERVICES

	IN-NETWORK BENEFIT PAYMENT	OUT-OF-NETWORK BENEFIT PAYMENT
Physician Office Visits	$15 Co-pay	80% of Medicare allowance after deductible
Specialist Office Visits	$15 Co-pay	80% of Medicare allowance after deductible
Gynecology Office Visits (well exam when covered by Medicare no co-pay)	$15 Co-pay	80% of Medicare allowance after deductible
Diagnostic Tests & X-Ray (including CT/Pet scans, MRIs)	Covered in Full	80% of Medicare allowance after deductible
Laboratory Services	Covered in Full	80% of Medicare allowance after deductible
Routine Adult Physical Exam	Covered in Full	Not Covered
Surgery	Covered in Full	80% of Medicare allowance after deductible
Anesthesiology	Covered in Full	80% of Medicare allowance after deductible
Allergy Testing	Covered in Full	80% of Medicare allowance after deductible
Allergy Treatment	Covered in Full	80% of Medicare allowance after deductible
Chiropractic Services Modalities not covered	$15 Co-pay	Not Covered

LIBERTY CSD ISLAND 65 BENEFIT SUMMARY

PHYSICIAN SERVICES –Continued

Physical, Occupational & Speech Therapy *Occupational, Speech, & Vision therapy limited to 30 visits per year combined*	$15 Co-pay	Not Covered
Durable Medical Equipment *Requires prior authorization*	Covered in Full	Not Covered

OTHER BENEFITS

	IN-NETWORK BENEFIT PAYMENT	OUT-OF-NETWORK BENEFIT PAYMENT
Hospice Care 210 days per lifetime *Pre-Certification is required*	Covered in Full	Not Covered
Skilled Nursing Facility 365 days per year maximum *Pre-Certification is required*	Covered in Full	Not Covered
Home Health Care *Pre-certification is required* Custodial Care is not covered 365 visits per year maximum	Covered in Full	70% of Medicare allowance not subject to deductible
Prostheses and Orthotics	Covered in Full	Not Covered
Ambulance	Covered in Full	Covered in Full
Hearing Aid	Not Covered	Not Covered

MENTAL HEALTH / SUBSTANCE ABUSE SERVICES

	IN-NETWORK BENEFIT PAYMENT	OUT-OF-NETWORK BENEFIT PAYMENT
Substance Abuse Inpatient	Covered in Full *Pre-Certification of the admission is required*	80% of Medicare allowance after satisfaction of deductible *Pre-Certification of the admission is required*
Substance Abuse Outpatient	$15 Co-pay	80% of Medicare allowance after deductible

LIBERTY CSD ISLAND 65 BENEFIT SUMMARY

MENTAL HEALTH / SUBSTANCE ABUSE SERVICES - Continued

	IN-NETWORK BENEFIT PAYMENT	OUT-OF-NETWORK BENEFIT PAYMENT
Mental Health Inpatient	Covered in Full *Pre-Certification of the admission is required*	80% of Medicare allowance after satisfaction of deductible *Pre-Certification of the admission is required*
Mental Health Outpatient 60 visit maximum per calendar year	$15 Co-pay	80% of Medicare allowance after satisfaction of deductible

PRESCRIPTION DRUGS

Prescription Drug Benefit — Mail order – only 2 co-pays required for a 90 day supply

Up to 30 day supply at retail	Generic Drugs	$5
	Preferred Brand Name Drugs	$5
	Non-Preferred Brand Name Drugs	$5 plus the difference between the Generic and Brand
Up to 90 day supply at mail order pharmacy	Generic Drugs	$5
	Preferred Brand Name Drugs	$5
	Non-Preferred Brand Name Drugs	$5 plus the difference between the Generic and Brand
Specialty Drugs	Prior Authorization is Required	$20