



TIGER CARE BENEFITS

The following benefits are per Participant per plan year:

Combined IN-PATIENT and OUT-PATIENT BENEFITS

Benefit Amount **[\$2,500] Per Year Per Covered Member**

We will pay Hospital Inpatient Benefits equal to 100% of any deductibles or coinsurance for which You are responsible under Your Primary Medical Policy, up to the Maximum Annual Inpatient Benefit each Plan Year, for You or a Covered Person's Inpatient Hospital Stay covered under Your Primary Medical Policy.

Expenses incurred during an Inpatient Hospital Stay are covered under the Hospital Inpatient Benefit, including:

- Hospital charges for room and board
- Hospital miscellaneous charges including operating room, equipment, supplies, and drugs
- Intensive Care unit charges
- Physician charges incurred during the stay.

When filing a claim, it is necessary to submit the Explanation of Benefits provided by Your Primary Medical Policy, or other documentation showing amounts for which You are responsible for under Your Primary Medical Policy.

We will reimburse Outpatient expenses equal to 100% of any deductibles or coinsurance as outlined below for which You are responsible under Your Primary Medical Policy and not covered under the Health Screening and Diagnostic Benefit or the Health Treatment Benefit, up to the Maximum Annual Outpatient Benefit each Plan Year, for You or other Covered Persons who are covered under the Primary Medical Policy.

Expenses for Outpatient Benefits include:

- Facility and Physician expenses for outpatient surgery in a Hospital or free-standing outpatient surgery center
- Facility and Physician expenses for outpatient diagnostic testing in a Hospital or free-standing imaging facility or free-standing laboratory
- Hospital and Physician expenses for treatment in an emergency room
- Hospital and Physician expenses for other outpatient treatment in a Hospital
- Physician Office / Urgent Care Visit at \$75 per day at 4 Days per Year.

Summary of Your Prescription Drug Benefits

| Plan Benefits | RETAIL ONLY |
|---|-------------|
| MAX PER SEMESTER | \$150 |
| DAYS SUPPLY | 30-DAY |
| ADMINISTRATOR | BMR |
| ADDITIONAL PLAN DETAILS: | |
| 1. Maximum Annual Benefit \$150 per covered person | |
| 2. Non-Formulary Medications - Savings available by using your Broadreach Rx card | |
| 3. Used as Secondary Prescription Drug Plan | |

