**TeamCare Wellness**  
A TeamCare Physician must be used.

- Wellness benefits are payable at 100% of covered charges. PPO office visit co-payment does not apply.

**Hospital Expense Benefit**
- After Plan Deductible, 100% of covered charges.

**Surgical and Obstetrical Benefit**
- After Plan Deductible, 100% of covered charges.

**Ambulance Service Benefit**
- After Plan Deductible, 100% of covered charges subject to medical necessity review.

**Outpatient Accidental Bodily Injury Benefit**
- After Plan Deductible, on the first day of treatment, 100%.

**TeamCare Lab Benefit**
For more information call 800-646-7788 or visit labcard.com
- The TeamCare Lab Benefit is a voluntary program that covers lab testing at 100% (Plan Deductible does not apply) provided the Physician submits the requisition through Quest Lab Card. If a Physician does not submit specimens through Quest Lab Card, simply visit a Quest Diagnostics collection site.

If you do not use the TeamCare Lab Benefit, after Plan Deductible the outpatient lab benefit is 80%; then 100% after Medical Out-of-Pocket Expense Limit is met.

**TeamCare Imaging Benefit**
For more information call 877-674-0674 or visit usimagingnetwork.com
- The TeamCare Imaging Benefit is a voluntary program that covers MRI, CT, and PET scans at 100% (Plan Deductible does not apply) provided that the scans are scheduled directly through US Imaging.

If you do not use the TeamCare Imaging Benefit, after Plan Deductible the outpatient imaging benefit (including x-rays) is paid under Major Medical at 80%; then 100% after Medical Out-of-Pocket Expense Limit is met.

**Outpatient Cancer Treatment Benefit**
- After Plan Deductible, 100% of covered charges for outpatient nuclear therapy, radiation therapy, chemotherapy, x-ray and lab procedures for the treatment of cancer. If treatment is provided in a doctor’s office, a $10 TeamCare office visit co-payment is due.

**Organ Transplant Benefit**  
Prior to an Organ Transplant, a predetermination of benefits must be submitted through the TeamCare network for review. The Organ Donor Benefit covers charges for medical treatment the donor receives for the donation of an organ.

**Hearing Aid Benefit**
- After Plan Deductible, 100% of covered charges to a maximum of $1,000 per ear ($2,000 total) every 36 months. The Medical Out-of-Pocket Expense Limit does not apply.

**Chiropractic Benefit**
- After Plan Deductible, 80% of covered charges to a maximum $1,000 per person per calendar year. The Medical Out-of-Pocket Expense Limit does not apply.

**Behavioral Health Benefits — Inpatient**
- Facility: After Plan Deductible, 100% of covered charges.
- Physician: After Plan Deductible, 80% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met.

**Behavioral Health Benefits — Outpatient**
- $10 co-payment for in-network office visit (Plan Deductible does not apply). Otherwise, after Plan Deductible, 80% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met.

**Major Medical Benefit**
- After Plan Deductible, 80% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met.

---

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act, or PPACA). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Research and Correspondence Department, TeamCare – A Central States Health Plan, 5377 West Higgins Road, Rosemont IL 60018-4938 or call 800-TEAMCARE. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.
**DENTAL BENEFITS**

You may use any dental provider for services without an out-of-network penalty. However, TeamCare does offer a voluntary dental network through TeamCareDental.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>TeamCare offers</th>
<th>TeamCare Vision offers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Dental Maximum</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Annual Dental Deductible</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Diagnostic and Restorative</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Crown and Bridge Work</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Dentures (Full and Partial)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Orthodontic (Child/Adult Child)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic (Child/Adult Child) No Lifetime Maximum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VISION BENEFITS**

You can use any vision provider for services. However, TeamCare does offer a voluntary vision network through TeamCareVision program.

Vision Plan Benefits do not have an out-of-network penalty but there is a maximum reimbursement per service as indicated.

The Vision Plan Benefits are payable once every 12 months.

<table>
<thead>
<tr>
<th>Service</th>
<th>TeamCare Vision offers</th>
<th>TeamCare Vision offers for non-EyeMed providers, maximum reimbursement for Vision Plan Benefits is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Exam</td>
<td>$10 co-payment</td>
<td>Routine Eye Exam charges from non-EyeMed providers for Covered Dependents under age 18 will be subject to Reasonable and Customary limits and paid at 80%.</td>
</tr>
<tr>
<td>Frames</td>
<td>$0 co-payment up to $100 allowance</td>
<td></td>
</tr>
<tr>
<td>Lenses (per pair)</td>
<td>$0 co-payment</td>
<td></td>
</tr>
<tr>
<td>Contacts (in lieu of glasses)</td>
<td>$0 co-payment up to $80 allowance</td>
<td></td>
</tr>
</tbody>
</table>

**SHORT-TERM DISABILITY BENEFITS**

Benefit provides 60% of average weekly base pay up to $500 per week for a maximum of 26 weeks; and includes continued coverage while on Short-Term Disability.

<table>
<thead>
<tr>
<th>Death</th>
<th>Full-Time Plan U1: 2080 hours x hourly wage to max of $100,000 (minimum of $40,000)</th>
<th>Full-Time Plan U1: 2080 hours x hourly wage to max of $100,000 (minimum of $40,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Death</td>
<td>Part-Time Plan U3: 1040 hours x hourly wage to max of $100,000 (minimum of $40,000)</td>
<td>Part-Time Plan U3: 1040 hours x hourly wage to max of $100,000 (minimum of $40,000)</td>
</tr>
<tr>
<td>Spouse Death *</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Child/Adult Child Death *</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
<tr>
<td>Total Permanent Disability (Waiver of Premium)</td>
<td>$16,000</td>
<td>$16,000</td>
</tr>
</tbody>
</table>

**LIFE INSURANCE BENEFITS**

Participants have access to the AskMayo Clinic nurse line which provides reliable health information 24 hours a day. Experienced registered nurses, who draw on the resources of Mayo Clinic, are available to answer your health-related questions. Health information is only a phone call away – 800-700-MAYO (6296).

**ASKMAYO CLINIC**

**TEAMCARE FAMILY PROTECTION BENEFIT**

In the event of a Participant’s death, the TeamCare Family Protection Benefit provides a maximum of five years of free coverage for the Covered Spouse and Dependents provided that during the two year period prior to death, TeamCare providers were used exclusively for all non-emergency care. Please refer to the TeamCare Summary Plan Description for further information.

**MyTeamCare.org or 800-TEAMCARE**

We’re here to help. For further benefit information on your benefits, visit our website at MyTeamCare.org. You can review detailed claims information, re-print your Explanation of Benefits, review benefit accumulators, download forms, and link to all of your TeamCare benefits and networks. You can also call TeamCare at 800-TEAMCARE (832-6227) and speak to a Benefits Specialist.

If there is a discrepancy between the Plan Benefit Profile and Plan Document, the Plan Document will be the controlling document in determining the benefit.