

Summary of Plan Benefits

PREVENTIVE CARE PLAN	
PREVENTIVE COVERAGE Minimum Essential Coverage for early diagnosis and treatment.	Covers 100% of eligible preventative service costs when performed in-network
LIMITED BENEFIT INDEMNITY PLAN PAYS	
PLAN 1	
HOSPITAL ADMISSION INDEMNITY BENEFIT <ul style="list-style-type: none"> Pays in addition to hospital indemnity Once per admission, once per diagnosis Benefit will not be payable for the same or related injury or illness. 	\$2,000 first day when admitted as an inpatient into a hospital room
HOSPITAL INDEMNITY BENEFIT <ul style="list-style-type: none"> Must be admitted as an inpatient into a hospital room If hospital confinement falls into a category below a different maximum applies 	\$1,000 per day Overall calendar year max subject to 60 days total for any inpatient stay in a hospital
Intensive Care If the participant is confined in a hospital intensive care unit	\$2,000 per day Up to 30 days calendar year max (applied to overall calendar year max)
Substance Abuse Must be diagnosed and admitted as an inpatient in a substance abuse unit	\$500 per day Up to 30 days calendar year max (applied to overall calendar year max)
Mental Illness Must be diagnosed and admitted as an inpatient into a mental illness unit	\$500 per day Up to 60 days calendar year max (applied to overall calendar year max)
Skilled Nursing Facility Must be admitted in skilled nursing facility following a covered hospital stay of at least 3 days	\$500 per day Up to 57 days calendar year max (applied to overall calendar year max)
DOCTOR'S OFFICE BENEFIT Benefit pays one benefit per day if the patient is seen by a doctor for an illness or injury	\$125 per day 10 days per calendar year
OUTPATIENT DIAGNOSTIC LABS <ul style="list-style-type: none"> Includes glucose test, urinalysis, CBC, and others When hospital confinement is not required and the test is ordered or performed by a doctor 	\$90 per day 6 days per calendar year
OUTPATIENT DIAGNOSTIC RADIOLOGY <ul style="list-style-type: none"> Includes chest, broken bones, and others When hospital confinement is not required and the test is ordered or performed by a doctor 	\$150 per day 4 days per calendar year
OUTPATIENT ADVANCED STUDIES <ul style="list-style-type: none"> Includes CT Scan, MRI, and others When hospital confinement is not required and the test is ordered or performed by a doctor 	\$500 per day 4 days per calendar year
INPATIENT SURGICAL BENEFIT <ul style="list-style-type: none"> Surgery must be performed due to an illness or injury as an inpatient stay in a hospital Minor surgical procedures are excluded 	\$2,500 per day 1 day per calendar year
INPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the inpatient surgical benefit	\$625 per day 1 day per calendar year
OUTPATIENT SURGICAL BENEFIT <ul style="list-style-type: none"> Surgery must be performed due to an illness or injury at an outpatient surgical facility center or hospital outpatient surgical facility Minor surgical procedures are excluded 	\$1,250 per day 1 day per calendar year
OUTPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the outpatient surgical benefit	\$312.50 per day 1 day per calendar year
EMERGENCY ROOM SICKNESS BENEFIT Pays one benefit per day for services received in an ER as a result of an illness	\$200 per day 4 days per calendar year

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LIMITED BENEFIT INDEMNITY PLAN PAYS	PLAN 1
AMBULANCE SERVICES Pays one benefit per day for emergency ground, air and water ambulance transportation	\$250 per day 4 days per calendar year
DURABLE MEDICAL EQUIPMENT <ul style="list-style-type: none"> Pays one benefit per day for durable medical equipment Includes wheelchairs, oxygen equipment, hospital-type beds, diabetic supplies, nebulizers, blood glucose monitors and more 	\$150 per day 2 days per calendar year
OUTPATIENT SURGICAL FACILITY Pays one benefit per day for surgery performed at an outpatient surgical facility center or hospital outpatient surgical facility	\$250 per day 2 days per calendar year
THIS POLICY DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (MAJOR MEDICAL COVERAGE) AND DOES NOT SATISFY THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT	
ADDITIONAL BENEFITS AND SERVICES	PLAN 1
MEDICAL ACCIDENT WITH AD&D \$100 deductible per accident, per insured	\$7,500 per occurrence \$15,000 AD&D Up to \$15,000 accidental dismemberment
PRESCRIPTION DRUG BENEFIT <i>Prescription benefits are provided by RxEDO, Inc. Pan-American Life is not affiliated with RxEDO, Inc.</i>	Generics - \$25 per day Brand - \$50 per day Calendar Year Maximum Limit for Generic: 36 days per insured person Calendar Year Maximum Limit for Brand: 36 days per insured person For questions or drug look-up call 1-888-879-7336 or visit www.rxedo.com
PPO PROVIDER NETWORK* <i>PPO Providers services are provided by MultiPlan, Inc. Pan-American Life and MultiPlan, Inc. are not affiliated.</i>	PHCS To locate in-network Physicians or Hospitals visit www.multiplan.com/webcenter/portal/ProviderSearch or call 1-800-457-1403
PROFESSIONAL HEALTH SERVICES* <i>Professional health services are provided by Compass Professional Health Services. Pan-American Life and Compass Professional Health Services are not affiliated.</i>	In addition to your insurance plan, Compass is here to serve as your personal healthcare advisor. Our mission is to help you understand and reap the full value from your healthcare benefits. Call or email Compass for help any step of the way: For more information email pal@compassphs.com or call 1-800-421-4742
GLOBAL REPATRIATION* <i>Global Repatriation benefit is provided by AXA Assistance USA.</i>	Worldwide benefit designed to help the family when a member or a covered dependent suffers loss of life due to a covered accident or illness while traveling 100 miles or more away from his or her permanent residence; includes repatriation of foreign nationals to their home countries. To Activate Services Call: 1-888-558-2703 / 1-312-356-5963 (Toll-Free in the U.S.) (Collect Outside of the U.S.)
HEALTHIESTYOU* <i>HealthiestYou benefit is provided by HY Holdings, Inc. Pan-American Life and HY Holdings, Inc. are not affiliated.</i>	With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app. Using HealthiestYou can SAVE YOU TONS OF MONEY and no more sitting around in waiting rooms. And best of all, it's FREE! For more information visit member.healthiestyou.com or call 1-855-799-2839
MEMBER SERVICES AND MEMBER ADVOCACY	We make healthcare work for our members, no more hassle or frustration. Members have easy access to the Pan-American teams of Member Services and Advocacy Service Representatives. For timely answers to benefit questions, both teams are accessible via telephone: Monday through Friday, 7:30 AM – 6:00 PM, Central Time, 1-877-569-3075 . Bilingual (English – Spanish) services are available.

*Not an insurance product. Not a Pan-American Life product.

This summary has been designed to provide you with an overview of your benefits. Your plan documents and a complete benefit guide with comprehensive information about your benefits are available online at www.mypalic.com, or you may call our Member Services at **1-877-569-3075**.

Limited benefit indemnity plan and medical accident Insurance are issued by Pan-American Life Insurance Company on policy form number PAN-POL-13-T and SM-2003. There are no exclusions for pre-existing conditions. The plan will not pay benefits for any care provided prior to the coverage effective date or if the insured is confined in a hospital at the time the coverage is effective. Hospital does not include a nursing home, convalescent home or extended care facility. Accident benefit pays "Off the Job" accident medical benefits for covered expenses that result directly, and from no other cause, than from a covered accident. Coverage is not available in all states. Like most group benefit programs, our products have exclusions, limitations, waiting periods and terms for keeping them in force.

Dental

Our comprehensive dental plan provides members with the Preventive Care, Basic Care and Major Care Services they need.

To help minimize out-of-pocket dental expenses members have access to the DentalGuard Preferred Select Network, one of the industry's largest dental preferred provider networks with dentists in over 120,000 locations across the country. Members are free to visit any dentist or specialist they wish. However, by visiting a dentist within the DentalGuard Preferred Select Network, members can save money. How?

- DentalGuard Preferred Select Network dentists are up to 35% less than what most dentists usually charge¹.
- By taking advantage of the lower fees offered by in-network providers, members can stretch their annual plan maximums further.

Outline of Dental Benefits

Dental Benefits	
Charges we cover (coinsurance)	
Preventive - Type I	100%
Basic - Type II	80%
Major - Type III	50%
Calendar Year Deductible	
Preventive - Type I	Waived
Basic - Type II & Major - Type III	\$50
Calendar Year Maximum - (Types I - III)	
\$1,000	
Waiting Period	
Preventive - Type I	None
Basic - Type II	None
Major - Type III	None

¹Savings depend on the dentist's location and type of service.

To locate a DentalGuard Preferred Select network dentist call 1-800-627-4200, or go to www.GuardianLife.com, and follow these steps:

1. Select "My Account/Login" at the top of the site towards the right hand side, then select "Find a Provider".
2. At the bottom of the page, Select "Not looking for Guardian providers for a group plan? If you have insurance outside Guardian that uses the DentalGuard Preferred Select network, search within that network."
3. Enter information to look up multiple providers in your area by Zip Code or City and State.
4. To look up a specific provider in your area, enter providers last name.

If there is a (1) next to your chosen provider, please be advised that this Dentist is participating through another network ("Partner Network"). To ensure that your provider is covered under the DentalGuard Preferred Select Network, please contact that office directly before utilizing your dental benefits.

Dental Provider Network services are provided by The Guardian Life Insurance Company of America. www.guardianlife.com. Pan-American Life and The Guardian Life Insurance Company of America are not affiliated.

Vision

Highlights

- Allowance on eyewear
- \$0 copay for exams
- \$0 copay for standard lens options
- No in-network claim paperwork
- Free 1-year breakage warranty
- Fixed lens pricing
- Discounts on LASIK surgery included
- Hearing aid discounts

For more details about the plan, visit davisvision.com/member and enter your Client Code [9001] or call 1 (800) 836-2094 and enter your Client Code when prompted.

As a member, you have access to the Exclusive Collection of Frames. The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S.

Log in to browse frames, and find a Collection near you. The frame icon indicates that the provider carries the Collection.



Fashion Value Vision Plan Overview

Benefits	In-Network
Eye Exams – every 12 months	\$0 copay
Prescription Eyewear	
Frames – every 24 months	\$110 frame allowance + 20% off coverage ¹
Exclusive Collections Frames (Fashion/Designer/Premier)	Covered-in-full / \$15 charge / \$40 charge
Lenses – every 24 months	\$0 copay for standard lenses
Specialty Coatings and Tints	Varies by lens type - see backside for details
Contacts ² Evaluation and Fitting – every 24 months (in lieu of eyeglasses)	\$0 copay for conventional lens; Fitting covered-in-full
	\$0 copay for specialty lens; \$60 allowance for fitting
	\$110 materials allowance + 15% off coverage ¹
LASIK (refractive surgery)	40% to 50% off the overall national average

Vision plan administered by Davis Vision

1. Some limitations apply to additional discounts; discounts not applicable at all in-network providers.
2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

Vision

	Copays for lens options and upgrades
Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX)	\$0
Oversized lenses	\$0
Plastic lenses	\$0
Polycarbonate lenses (children / adults)	\$0 / \$35
High index lenses	\$60
Polarized lenses	\$75
Progressive lenses (Standard / Premium/ Ultra)	\$65 / \$105 / \$140
Anti-reflective (AR) coating (Standard / Premium / Ultra)	\$40 / \$55 / \$69
Ultraviolet coating	\$15
Tinting of plastic lenses (Solid/ Gradient)	\$15
Plastic Photochromic Lenses (Transitions®Signature™)	\$70
Scratch-resistant coating	\$0
Scratch protection plan (Single vision / Multifocal)	\$20 / \$40

Out-of-network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network Reimbursement Schedule (up to)

Eye exam: \$40	Trifocal Lenses: \$80
Frame: \$50	Lenticular Lenses: \$100
Single-Vision Lenses: \$40	Elective Contact Lenses: \$80
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$225

For questions, call:



1-800-836-2094

Enter Client Code 9001,
when prompted

Enter your client code in the “Member Sign In” section of our website at davisvision.com/member to find a provider.