

**Georgia Department of Insurance  
Indemnity Schedule of Benefits Summary**

Your policy becomes effective \_\_\_\_\_.

Schedule of Benefits	Plan A	Plan B
<b>Lifetime Maximum:</b> The most [COMPANY] will pay for the costs of non-Emergency Services over the course of your life.	\$2,000,000	\$2,000,000
<b>Calendar Year Deductible:</b> The amount you must pay each year for covered services before [COMPANY] has an obligation to pay any amount.	\$2,500	\$2,000
<b>Maximum Deductible Per Family:</b>	Two times (\$5,000)	Two times (\$4,000)
<b>Percentage Covered After Deductible Is Met:</b> The annual maximums after which you no longer have to pay for specific services.	70% of eligible benefits of first \$10,000 of eligible charges; 100% thereafter	70% of eligible benefits of first \$10,000 of eligible charges; 100% thereafter
<b>Percentage Covered For Outpatient Treatment of Accidental Injury:</b>	70%	70%
<b>Lifetime Maximum For Inpatient Care of Substance Abuse:</b>	\$10,000	\$10,000
<b>Treatment for Inpatient Mental Health Disorders:</b>	30 day limit for inpatient mental health treatment, 60 day maximum per lifetime; no coverage for outpatient treatment	30 day limit for inpatient mental health treatment, 60 day maximum per lifetime; no coverage for outpatient treatment
<b>Hospital Inpatient Care:</b>	Includes semi-private room, intensive care and cardiac care services and supplies and other hospital services	Includes semi-private room, intensive care and cardiac care services and supplies and other hospital services

Schedule of Benefits	Plan A	Plan B
<b>Pre-Admission Certification:</b>	Pre-admission certification is required for all hospital admissions. Emergency or maternity care admissions must be certified within 48 hours. A \$500.00 penalty may apply if you are hospitalized and pre-admission certification has not been obtained.	Pre-admission certification is required for all hospital admissions. Emergency or maternity care admissions must be certified within 48 hours. A \$500.00 penalty may apply if you are hospitalized and pre-admission certification has not been obtained.
<b>Length of Stay:</b>	Unlimited as long as medically necessary.	Unlimited as long as medically necessary.
<b>Hospice Care:</b>	Benefits are provided for inpatient and outpatient hospice care. There is a \$3,000 lifetime maximum.	Benefits are provided for inpatient and outpatient hospice care. There is a \$3,000 lifetime maximum.
<b>Outpatient Surgery:</b>	70% of eligible benefits of first \$10,000 of eligible charges; 100% thereafter	70% of eligible benefits of first \$10,000 of eligible charges; 100% thereafter
<b>Child Wellness Services:</b>	Up through age 5. Includes age appropriate immunizations and laboratory exams. No deductible applies.	Up through age 5. Includes age appropriate immunizations and laboratory exams. No deductible applies.
<b>Maternity:</b>	Covered as any other illness.	Covered as any other illness.