



Schedule of Benefits*

(*Beech Street is our PPO provider for medical benefits)

Deductibles

Calendar year Deductible per Person – This provision will only apply to paid Medical and Prescription Charges.

Deductible: \$400

Family Deductible

Three (3) family members must meet their individual Deductibles in order to satisfy the Family Deductible

Emergency Room Deductible

Per Visit \$200
(Waived if admitted to the Hospital)

Co-Insurance Percentage

Up to the co-insurance Out-of-Pocket maximum (excluding deductible) \$2,000 80%

Selectcare Co-Insurance Percentage for Yellowstone County Covered Persons Only

Up to the co-insurance Out-of-Pocket maximum (excluding deductible) 60%

Benefit Percentage After Satisfaction of Co-Insurance & Out-Of-Pocket

100%

Maximum Co-Insurance Out-Of-Pocket Per Calendar Year

(Excluding deductible) Per Covered Person \$1,000

Prescription Card

Generic \$ 0
Formulary \$50
Non-Formulary \$80
3 month mail-in prescription service with additional savings

Benefit Maximums and Benefit Percentages

Plan Benefit Maximum \$1,000,000

Supplemental Accident

Benefits Percentage – No Deductible 100%
Maximum Payable per Covered Person per Accident \$300



Transplants

Lifetime Benefit Maximum \$500,000

Chiropractor Services – No Deductible

Benefit Percentage 80%
Maximum Benefit per Visit \$25
Visit Max. Per Calendar Year 35
X-ray Max. Per Calendar Year \$100

Outpatient Treatment

Benefit Percentage 50%
Maximum Outpatient Visits Per Calendar Year 15
Benefits for Mental/Nervous Treatment will not apply to the Maximum Out-of-Pocket per Covered Person

Mammograms

Benefit Percentage – No Deductible 100%
One Mammogram per calendar year beginning at age 40

Rehabilitation Therapy

Benefit Percentage – No Deductible 80%
Benefit Percentage for Accident Care – No Deductible 80%
Outpatient Max. Per Calendar Year \$2,000
Outpatient and Inpatient Max Per Calendar Year \$20,000
Lifetime Maximum \$100,000
Well Child Care Benefit Percentage 80%

Participant Effective Date

Participant coverage under the Plan shall become effective with respect to an eligible person on the first of the month following 90 days of employment.

No Open Enrollment

Eligible participants must enroll all eligible persons prior to the effective date of benefits. Special enrollment periods are allowed, however, please check with the Benefits Dept. in Billings for details.

Pre-Existing Condition

The term “Pre-Existing Condition” means an Injury or Illness of a Covered Person, which, within the last 12 months prior to enrollment:

- A. Was diagnosed; or
- B. For which medical advice or medical care was received or recommended:

Or

- C. For which drugs were prescribed; or
- D. For which expenses were incurred for the care of injury or illness

The Plan will pay benefits for services required as a result of pregnancy or miscarriage only if conception occurs while the Covered Person is covered by this benefit plan.

This exclusion does not apply to newborn children or children placed for adoption.



Reasonable and Customary

The term "Reasonable and Customary" refers to the designation of a charge as being the usual charge made by a Physician or other provider of services and supplies, medication, or equipment that does not exceed the general level of charges made by other providers rendering or furnishing such care or treatment within the same area. The term "area" in this definition means a county or such other area as is necessary to obtain a representative cross section of such charges. Due consideration will be given to the nature and severity of the condition being treated and any medical complication or unusual circumstances that require additional time, skill or expertise.



Dental Benefits*

(*EBMS is our provider of dental benefits)

Deductibles

Calendar year Deductible Per Person	\$50
Three individual Deductible per Family	

Benefit Percentages

Class I

Preventive Dental Services Benefit Percentage – No Deductible	100%
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Class II

Basic Dental Services Benefit Percentage	80%
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Class III

Major Dental Services Benefit Percentage	50%
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Benefit Maximums

Maximum Dental Benefit per Calendar Year	\$1,200
Maximum Dental Benefit for Temporomandibular Joint Treatment	\$1,000

Life Insurance

Amount of Life Insurance for Driver Employees

An amount equal to \$20,000.00

Amount of Life Insurance for Non-Driver Employees

An amount equal to 1 times your annual rate of BASIC Earnings not to exceed \$100,000.00, rounded to the next higher multiple of \$1000.00.

Long Term Disability

Qualifying Period Non-Driver Employees: 2 months or 60 days

Qualifying Period for Driver Employees: 3 months or 90 days

Schedule Amount for Both Driver and Non-Driver Employees: 60% of monthly pay

Subject to a maximum amount of \$5000.00 per month.

Policy Manuals proving the details for the above mentioned benefits will be mailed on or about completions of 90-day probationary period.