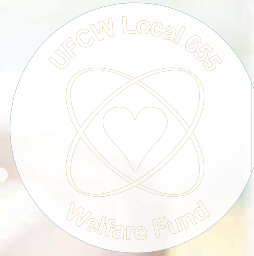


healthy choices



live well. be well.

Know Your Numbers

They could just save your life.

Body Mass Index



Between

18.5-24.9 Normal

25.0-29.9 Overweight

30 + Obese

Cholesterol



Total number less than 200

HDL (good cholesterol)
should be above 60

LDL (bad cholesterol)
should be below 130

Blood Sugar



Blood sugar, or glucose, is the main sugar found in your blood. It comes from the food you eat, and is your body's main source of energy.

Healthy numbers to strive for:

Two hours after eating: Less than 140

Before eating : Less than 100

Blood Pressure



Systolic (mm Hg) (Upper Number)

The pressure of force in the arteries when the heart beats.

Diastolic (mm Hg) (Lower Number)

Healthy numbers to

strive for: Less than
120/80 mmHg



Participant

Benefit Terms

Annual (Calendar Year) Deductible

Your deductible is the amount of covered expenses you must pay before the medical plan will pay.

The following expenses do not count toward your Annual Medical Deductible:

- Dental expenses;
- Vision expenses;
- Prescription drug expenses (Prescription drug) have a separate annual deductible, (please refer to the Schedule of Benefits.);
- Charges that are not covered expenses;
- Primary Care, Specialist, ER, and Urgent Care Co-payments.

Co-insurance

Co-insurance is the percentage of covered medical expenses that you pay. The percentage the Plan pays after you have satisfied your deductible. After the Plan pays its percentage of your covered medical expenses, you pay the difference up to your out-of-pocket maximum.

Co-payment

Your co-payment is a specific dollar amount that you pay to the network provider for a certain service. Co-payments are listed in your Schedule of Benefits. The term “copay” that is used on the Schedule of Benefits has the same meaning as co-payment.

Out-of-Pocket Maximum

Your out-of-pocket maximum is the maximum you will have to pay in co-insurance for covered expenses for the calendar year – January 1 through December 31 – after the Plan pays its benefits. However, the following expenses do not count towards your out-of-pocket maximum:

- Charges you must pay for treatment received from an out-of-network physician or hospital that is over the allowable charge recognized by this Plan.
- Charges that are not covered expenses.

Calendar Year Maximum

Certain Plan benefits are subject to an overall calendar year maximum, which is the maximum amount the Plan will pay (or the maximum number of visits or services allowed) for those particular medical care benefits during a calendar year. The Plan no longer imposes an overall calendar year maximum on all medical care benefits combined.

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