

## SDAA BENEFIT PLAN CHOICES

	Veraflex 80	Basic Step	Veraflex 80 Plus	Major Step	Veraflex 100	Extra Step
Health Deductible	Dispensing Fee	Dispensing Fee	Dispensing Fee	Dispensing Fee	Dispensing Fee	Dispensing Fee
Drug Coverage	80% 1st 2500 year 100% Balance	50% 1st 400 Year 80% next 500 Year 100% Balance	80% 1st 2500 year 100% Balance	50% 1st 400 Year 80% next 500 Year 100% Balance	100% Drugs	50% 1st 500 Year 80% next 400 Year 100% Balance
Drug Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Drug Substitution	No	Yes	No	Yes	No	Yes
Drug Formulary	No	No	No	No	No	No
Travel Vaccines	No	Yes	No	Yes	No	Yes
Special Authority Drugs	No	Yes	No	Yes	No	Yes
Ambulance	100%	100%	100%	100%	100%	100%
Orthotics	300 Every 3 years	300 Every 3 years	300 Every 3 years	300 Every 3 years	300 Every 3 years	300 Every 3 years
Hearing Aids	500 Every 5 years	500 Every 5 year	500 Every 5 year	500 Every 5 year	500 Every 5 year	500 Every 5 year
Medical Equipment	Yes	Yes	Yes	Yes	Yes	Yes
Private Duty Nurse	10,000 Year	10,000 Year	10,000 Year	10,000 Year	10,000 Year	10,000 Year
Hospital Coverage	Semi Private	Semi Private	Semi Private	Semi Private	Semi Private	Semi Private
Eye Exams	Yes	Yes	Yes	Yes	Yes	Yes
Practitioner	None	\$500 Practitioner	\$300 Practitioner	\$500 Practitioner	\$500 Practitioner	\$500 Practitioner
Combined Limit	Not Covered	None	\$600 Combined	None	\$1000 Combined	None
Chiropractic	Not Covered	Yes	Yes	Yes	Yes	Yes
Massage	Not Covered	Yes	Yes	Yes	Yes	Yes
Physiotherapist	Not Covered	Yes	Yes	Yes	Yes	Yes
Acupuncture	Not Covered	Yes	Yes	Yes	Yes	Yes
Psychologist	Not Covered	Yes	Yes	Yes	Yes	Yes
Podiatrist	Not Covered	Yes	Yes	Yes	Yes	Yes
Speech Therapy	Not Covered	Yes	Yes	Yes	Yes	Yes
Eye Wear	None	None	\$250 / 2 years	None	\$300/ 2 years	\$250/2 years
Travel	5 Million 90 days	5 Million 90 days	5 Million 90 days	5 Million 90 days	5 Million 90 days	5 Million 90 days
Dental Deductible	None	\$25/\$50 Yr	None	None	None	None
Basic Dental	80%	80%	80%	80%	100%	80%
Six Month Recall	Yes	Yes	Yes	Yes	Yes	Yes
Endodontics	50%	80%	50%	80%	50%	80%
Periodontics	50%	80%	50%	80%	50%	80%
Scaling Units	8 units	8 units	8 units	8 units	8 units	8 units
Full Series Xray	80%	80%	80%	80%	100%	80%
Major Dental	50%	None	50%	50%	50%	50%
Dental Max	\$1500 yr	\$1500 yr	\$2000 yr	\$1500 yr	\$2500 yr	\$1500 yr
Childrens Ortho	None	None	None	None	50%	50%
Othro Maximum	No Ortho	No Ortho	No Ortho	No Ortho	3000 Lifetime	2000 Lifetime
Truly Pooled Plan	Yes	Yes	Yes	Yes	Yes	Yes
EP3 Qualified	Yes	Yes	Yes	Yes	Yes	Yes
Renewal Guaranteed	Yes	Yes	Yes	Yes	Yes	Yes

**This chart is for benefit planning purposes. In case of a discrepancy between this information and an actual plan our group carrier master contracts will apply.**