

## Plan "A" Benefit Highlights: Covered Services and Charges

Plan Provision	Benefit
<b>Maximum Lifetime Limit</b>	\$500,000 applies to all hospital, medical and prescription drug benefits individually to you and each eligible dependent.
<b>Hospital Expenses</b>	
<b>In-patient Hospital Services</b>	Room and Board is covered \$400 per day, and subject to a \$1,000 per admission co-pay. Participant covered for a maximum of 120 days per calendar year
<b>Out-patient Hospital Services</b>	\$400 per procedure facility charge.
<b>Nursery</b>	\$400 per day, subject to a \$1,000 co-pay.
<b>Chemotherapy, Dialysis, Radiation Therapy, Anesthesia</b>	Paid up to 100% of Network Fee Schedule.
<b>Non-Hospital Expenses</b>	
<b>Surgery</b>	Paid at 100% of Network Fee Schedule. Any surgical procedure exceeding \$250 will be subject to a maximum \$1,000 co-pay.
<b>Prosthetics</b>	Up to \$500 per calendar year.
<b>Acupuncture</b>	Provided through Joint Industry Board Medical Center only.
<b>Home Health Care</b>	Paid at 100% of Network Fee Schedule for eligible participants with cancer diagnosis only. This benefit must be pre-authorized by MagnaCare.
<b>Plan A Limitations</b>	
<p><b>No coverage for:</b></p> <ul style="list-style-type: none"> <li>Physician Services, in-patient and out-patient</li> <li>Lab and pathology, radiology, x-rays, MRI/MRA, CT Scan, SPECT/PET Scans, EKG/EEG/EMG</li> <li>Pre-surgical testing</li> <li>Emergency Room services when patient not admitted</li> <li>All ancillary charges related to a hospital admission</li> </ul>	

Complete details are available in the [Summary Plan Description](#).