



## Limited Medical Plan Designs – Kelly Services, Inc.

Benefits	Tier 1	Tier 2	Tier 3	Tier 4
<b>Doctor's Office Visits</b>	Up to \$200/ visit up to \$1,000 per calendar year	Up to \$200/ visit up to \$1,400 per calendar year	Copay \$20 then 100% up to \$2,000 per calendar year	Copay \$20 then 100% up to \$2,400 per calendar year
<b>Wellness Visits</b>	Adult - \$125/visit; 1 visit/year Children age 4 and under - \$100/visit; 3 visits/year	Adult - \$125/visit; 1 visit/year Children age 4 and under - \$100/visit; 3 visits/year	Adult - \$150/visit; 1 visit/year Children age 4 and under - \$100/visit; 3 visits/year	Adult - \$150/visit; 1 visit/year Children age 4 and under - \$100/visit; 3 visits/year
<b>OP Lab Tests &amp; X-ray Expenses</b>	No benefit	No benefit	\$80/visit; 6 visits/year	\$100/visit; 6 visits/year
<b>Screenings</b>	Mammogram \$120 according to age schedule Pap Smear or PSA test \$30, 1 per calendar year	Mammogram \$120 according to age schedule Pap Smear or PSA test \$30, 1 per calendar year	Mammogram \$120 according to age schedule Pap Smear or PSA test \$30, 1 per calendar year	Mammogram \$120 according to age schedule Pap Smear or PSA test \$30, 1 per calendar year
<b>Emergency Room (Sickness Only)</b>	\$250/ visit; 1 visit/ year	\$250/ visit; 1 visits/ year	\$350/visit; 2 visits/year	\$500/visit; 2 visits/year
<b>Hospital Admission Benefit</b>	\$500 per day for first 2 days confined per calendar year	\$500 per day for first 2 days confined per calendar year	\$750 per day for first 2 days confined per calendar year	\$1,000 per day for first 2 days confined per calendar year
<b>Daily Hospital Confinement Benefit</b>	Accident - \$400/day; Sickness: \$200/day; Up to 30 days per year	Accident - \$800/day; Sickness: \$500/day; Up to 30 days per year	\$750 per day, up to 30 days per year (Accident or Sickness)	\$2,000 per day, up to 30 days per year (Accident or Sickness)
<b>ICU Benefit</b>	Additional \$600/day up to 30 days per calendar year	Additional \$800/day up to 30 days per calendar year	Additional \$800/day up to 30 days per calendar year	Additional \$2,000/day up to 30 days per calendar year
<b>Accident Medical Expenses</b>	\$500 per accident, 2 per year	\$750 per accident, 2 per year	\$1,000 per accident, 2 per year	\$1,000 per accident, 2 per year
<b>Surgery Benefit - Inpatient</b>	Inpatient - \$2,000 per surgery , 1 surgery per calendar year	Inpatient - \$2,000 per surgery , 1 surgery per calendar year	Inpatient - \$2,000 per surgery , 1 surgery per calendar year	Inpatient - \$3,000 per surgery , 1 surgery per calendar year
<b>Surgery Benefit - Outpatient</b>	Outpatient - \$1,000 per surgery, 1 surgery per calendar year	Outpatient - \$1,000 per surgery, 1 surgery per calendar year	Outpatient - \$1,000 per surgery, 1 surgery per calendar year	Outpatient - \$2,000 per surgery, 1 surgery per calendar year
<b>Prescription Drugs</b>	No benefit	No benefit	Generic Drugs - \$10 Copay Retail/ \$30 Mail Generic Oral Contraceptives - \$15 Copay Retail/ \$45 Mail Brand Name Formulary – Copay is Greater of \$50 or 50% Retail/ Greater of \$150 or 50% Mail Up to \$1,000 per calendar year	Generic Drugs - \$10 Copay Retail/ \$30 Mail Generic Oral Contraceptives - \$15 Copay Retail/ \$45 Mail Brand Name Formulary – Copay is Greater of \$50 or 50% Retail/ Greater of \$150 or 50% Mail Up to \$1,000 per calendar year
<b>Outpatient Physical Therapy</b>	No benefit	No benefit	No benefit	\$50/visit; 10 visits/year after hospitalization
<b>Additional Services</b>	PPO – Multiplan** 24 hour nurseline	PPO – Multiplan** 24 hour nurseline	PPO – Multiplan** 24 hour nurseline	PPO – Multiplan** 24 hour nurseline
<b>Monthly Rates</b>	Employee Only \$82 Employee & Spouse \$169 Employee & Child(ren) \$143 Employee & Family \$232	Employee Only \$103 Employee & Spouse \$196 Employee & Child(ren) \$165 Employee & Family \$257	Employee Only \$154 Employee & Spouse \$319 Employee & Child(ren) \$257 Employee & Family \$428	Employee Only \$280 Employee & Spouse \$586 Employee & Child(ren) \$471 Employee & Family \$787

This information is a brief description of standard plan options and sample rates. It is not a contract of insurance. Exclusions and limitations apply. Please see the certificate for terms and conditions. All insurance benefits are underwritten by ACE American Insurance Company.