

SABRE SYSTEMS, INC.
Medical Schedule of Benefits

Provisions	Premium Plan		Standard Plan		HDHP	
	In-Network	Out-of-Network(OON)	In-Network	Out-of-Network(OON)	In-Network	Out-of-Network(OON)
One-Time Annual Deductible						
Single	\$0	\$2,500	\$100	\$2,500	\$2,500	\$4,500
Family	\$0	\$5,000	\$200	\$5,000	\$5,000	\$9,000
Coinsurance	100%*	50%*	80%*	40%*	100%*	70%*
Maximum Out-of-pocket						
Single	\$3,000	\$15,000	\$4,000	\$15,000	\$5,000	\$15,000
Family	\$6,000	\$30,000	\$9,000	\$30,000	\$10,000	\$30,000
Outpatient Services						
Primary Physician Visit	Copay \$15	Ded/Coins	Copay \$10	Ded/Coins	After Deductible, \$25 Copay	Ded/Coins
Specialist Physician Visit	Copay \$30	Ded/Coins	Ded/Coins	Ded/Coins	After Deductible, \$50 Copay	Ded/Coins
Virtual Visits (Telehealth)	Copay \$15	Not Covered	Copay \$10	Not Covered	After Deductible, \$10 Copay	Not Covered
Outpatient Surgery	100% no deductible	Ded/Coins	Ded/Coins	Ded/Coins	100%, After Deductible	Ded/Coins
X-Ray/Lab Tests	Copay \$25	Ded/Coins	Ded/Coins	Ded/Coins	100%, After Deductible	Ded/Coins
Positron Emission Tomography (PET)	Copay \$50	Ded/Coins	Ded/Coins	Ded/Coins	100%, After Deductible	Ded/Coins
Computed Axial Tomography (CAT)	Copay \$50	Ded/Coins	Ded/Coins	Ded/Coins	100%, After Deductible	Ded/Coins
Magnetic Resonance Imaging (MRI)	Copay \$50	Ded/Coins	Ded/Coins	Ded/Coins	100%, After Deductible	Ded/Coins
Home Health Services (120 visits per yr.)	100% no deductible	Ded/Coins	Ded/Coins	Ded/Coins	100%, After Deductible	Ded/Coins
Chiropractic Care (\$1000 per year)	Copay \$20	Ded/Coins	Ded/Coins	Ded/Coins	After Deductible, Copay \$25	Ded/Coins
Physical/OCC/Speech Therapy	Copay \$20	Ded/Coins	Ded/Coins	Ded/Coins	After Deductible, Copay \$25	Ded/Coins
Durable Medical Equipment	100% no deductible	Ded/Coins	Ded/Coins	Ded/Coins	100%, After Deductible	Ded/Coins
Preventive Care						
Covered Health Services include						
but are not limited to:						
Annual Wellness Maximum Benefit	100% no deductible	Ded/Coins	100% no deductible	Ded/Coins	100% no deductible	Not Covered
Primary Physician Office Visit	100% no deductible	Ded/Coins	100% no deductible	Ded/Coins	100%, no deductible or copay	Not Covered
Specialist Physician Office Visit	100% no deductible	Ded/Coins	100% no deductible	Ded/Coins	100%, no deductible or copay	Not Covered
Lab, X-Ray or other preventive tests	100% no deductible	Ded/Coins	100% no deductible	Ded/Coins	100% no deductible	Not Covered
Inpatient Services						
Inpatient Stay	100% no deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Surgery	100% no deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
X-Ray/Lab Tests	Copay \$25	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Emergency Room - copay is waived	Copay \$200	Copay \$200	Copay \$200	Copay \$200	After Deductible, Copay \$200	After Deductible, Copay \$200
if admitted to hospital.						
Urgent Care Facility	Copay \$25	Copay \$25	Copay \$25	Copay \$25	After Deductible, Copay \$25	Ded/Coins
Mental Health/Substance Abuse						
Inpatient Services	100% no deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient OV and Selected Services	100% after \$15 copay	Ded/Coins	100% after \$10 copay	Ded/Coins	After Deductible, Copay \$50	Ded/Coins
Prescription Drugs						
Tier 1	Copay \$5		Copay \$5		After Deductible, Copay \$10	
Tier 2	Copay \$25		Copay \$30		After Deductible, Copay \$30	
Tier 3	Copay \$40		Copay \$50		After Deductible, Copay \$50	
Day Supply Limit	30		30		30	
Maintenance Drugs						
Retail/Mail Order Drug - Tier 1	Copay \$10		Copay \$10		After Deductible, Copay \$25	
Retail/Mail Order Drug - Tier 2	Copay \$50		Copay \$60		After Deductible, Copay \$75	
Retail/Mail Order Drug Tier 3	Copay \$80		Copay \$100		After Deductible, Copay \$125	
Retail/Mail Order Drug Day Supply Limit	90		90		90	
Rx Maximum Out of Pocket						
Single	\$3,600		\$2,600		Integrated with Medical \$5,000	
Family	\$7,200		\$4,200		Integrated with Medical \$10,000	

*Coinsurance Percentage is what Sabre pays

This chart is for comparison purposes only. For specific details please refer to your SPDs