

**SCHEDULE  
BENEFIT PLAN FOR HIGH DEDUCTIBLE HEALTH PLAN 4500**

This Schedule summarizes benefit information and the date these benefits take effect. Please read Your entire Policy to fully understand all terms, conditions, limitations and exclusions that apply.

Insurer: North Carolina Health Insurance Risk Pool, Inc.

Plan Administrator: CoreSource, Inc.  
5200 77 Center Drive Suite 400  
Charlotte, NC 28217-0718

Policy Effective Date: [date]

Policyholder/Covered Person: [name]

Policy number: [#]

<b>GENERAL POLICY LIMITS</b> – These limits apply to all benefits unless stated otherwise in this Schedule. Any specific benefits not listed in this Schedule are also subject to these General Policy Limits.	
Lifetime Maximum Benefit:	\$1,000,000 – All benefit payments apply to the Maximum Lifetime Benefit unless otherwise indicated.
Annual Deductible	\$4,500

<b>Network Provider Benefit</b>		<b>Non-Network Provider Benefit</b>
Coinsurance:	<ul style="list-style-type: none"> <li>100% of Covered Expenses from a Network Provider after the Deductible is satisfied - The Coinsurance applies to all Covered Expenses unless otherwise indicated.</li> </ul>	<ul style="list-style-type: none"> <li>100% of Covered Expenses from a Non-Network Provider after the Deductible is satisfied - The Coinsurance applies to all Covered Charges unless otherwise indicated.</li> </ul>
Annual Out-of-Pocket Maximum:	\$4,500	\$4,500
<b>INPATIENT HOSPITAL SERVICES</b>		
Inpatient Hospital Services	Subject to general policy limits stated above.	Subject to general policy limits stated above.
<b>OUTPATIENT SERVICES</b>		
Emergency Care	Subject to general policy limits stated above.	Subject to general policy limits stated above.
Outpatient Medical Services:	Subject to general policy limits stated above.	Subject to general policy limits stated above.
Physical Medicine (Chiropractic Care):	Subject to general policy limits stated above.  In addition, Maximum of 30 visits per Calendar Year.	Subject to general policy limits stated above.  In addition, Maximum of 30 visits per Calendar Year.

Network Provider Benefit		Non-Network Provider Benefit
<b>OUTPATIENT SERVICES cont.</b>		
Physical Medicine (Physical, Occupational and Speech Therapies):	Subject to general policy limits stated above.	Subject to general policy limits stated above.
Urgent Care	Subject to general policy limits stated above.	Subject to general policy limits stated above.
<b>HEALTH CARE PRACTITIONER SERVICES</b>		
Office Visits	Subject to general policy limits stated above	Subject to general policy limits stated above
<b>MENTAL HEALTH SERVICES</b>		
Severe Mental Illness	Subject to general policy limits stated above.	Subject to general policy limits stated above.
Other Mental Illness	Subject to general policy limits stated above.	Subject to general policy limits stated above.
<b>ORGAN TRANSPLANT SERVICES</b>		
Organ Transplant Services	Subject to the general policy limits stated above when services are received from a network Center of Excellence Transplant Provider.	Lifetime maximum of \$100,000 when services are received from a provider other than a network Center of Excellence Transplant Provider.
<b>PREGNANCY SERVICES</b>		
Maternity Benefits	Subject to general policy limits stated above.	Subject to general policy limits stated above.
<b>PRESCRIPTION DRUG BENEFITS</b>		
Generic Drugs	Subject to general policy limits stated above.	Subject to general policy limits stated above.
Brand Drugs	Subject to general policy limits stated above.	Subject to general policy limits stated above.
Specialty Drugs	Subject to general policy limits stated above.	Subject to general policy limits stated above.
Nicotine Replacement Therapy Drugs	Subject to general policy limits stated above.	Subject to general policy limits stated above.
<b>PREVENTIVE CARE</b>		
Routine Medical Care and Physical Examinations	Not subject to Deductible, Coinsurance or Out-of-Pocket limits.	Not subject to Deductible, Coinsurance or Out-of-Pocket limits.
Childhood Immunizations and Seasonal flu vaccination, H1N1 vaccination & Zostavax (Shingles) vaccination	Not subject to Deductible, Coinsurance or Out-of-Pocket limits.	Not subject to Deductible, Coinsurance or Out-of-Pocket limits.

Network Provider Benefit		Non-Network Provider Benefit
Screening Tests	Not subject to Deductible, Coinsurance or Out-of-Pocket limits.	Not subject to Deductible, Coinsurance or Out-of-Pocket limits.
Obesity Assessment	Maximum of 4 visits per Calendar Year.  Not subject to Coinsurance.	Maximum of 4 visits per Calendar Year.  Not subject to Coinsurance.
<b>SUBSTANCE ABUSE SERVICES</b>		
Substance Abuse Services	Subject to general policy limits stated above.	Subject to general policy limits stated above.
<b>SURGICAL SERVICES</b>		
Surgical Services	Subject to the general policy limits stated above.  In addition, the services of an assistant surgeon are limited to 50% of the benefit amount payable for the services of the primary surgeon.	Subject to the general policy limits stated above.  In addition, the services of an assistant surgeon are limited to 50% of the benefit amount payable for the services of the primary surgeon.
<b>OTHER BENEFITS</b>		
Skilled Nursing Facility	Subject to general policy limits stated above.  In addition, Maximum of 60 days of inpatient care per Calendar Year.	Subject to general policy limits stated above.  In addition, Maximum of 60 days of inpatient care per Calendar Year.
Jaw, Face, and Head Bone and Joint Disorders	\$3,500 Lifetime Maximum for non-surgical treatments.  Surgical treatments payable as described in the Surgical Services benefit.	\$3,500 Lifetime Maximum for non-surgical treatments.  Surgical treatments payable as described in the Surgical Services benefit.
Bariatric Surgery Services	Subject to the general policy limits stated above when services are received from a network Center of Excellence Bariatric Surgery Provider.	No Coverage