## TOTAL HEALTH CARE, INC.
### Summary of Benefits for State of Michigan Employees
### EFFECTIVE AFTER 10/13/02

<table>
<thead>
<tr>
<th>SERVICES IN THE HOSPITAL</th>
<th>MENTAL HEALTH CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Days of Care</td>
<td>Outpatient Visits</td>
</tr>
<tr>
<td>Semi-Private Room &amp; Intensive Care</td>
<td>20 Visits/Year</td>
</tr>
<tr>
<td>Miscellaneous Hospital Services</td>
<td>Inpatient Psychiatric Hospital</td>
</tr>
<tr>
<td>Surgery &amp; All Related Services</td>
<td>45 Days, Renewable</td>
</tr>
<tr>
<td>Laboratory Tests &amp; X-rays</td>
<td>Services</td>
</tr>
<tr>
<td>Medicines &amp; Drugs</td>
<td>After 60 Days</td>
</tr>
</tbody>
</table>

### EMERGENCY MEDICAL CARE
- Physician & Hospital Emergency Room Services
  - At participating hospitals: Covered, Copayment, May Apply
  - Other hospitals in plan service area: Covered, Copayment, May Apply
  - Other hospitals outside plan service area: Covered, Copayment, May Apply

### AMBULANCE SERVICE
- Covered When Life Threatening or Approved

### PHYSICIAN SERVICES
- Routine Office Visits: Covered after $10 co-pay
- Consulting Specialist Care When Necessary: Covered after $10 co-pay
- Annual Physical Examination: Covered after $10 co-pay
- Dermatology Services: Covered after $10 co-pay

### MATERNITY SERVICES
- Prenatal & Postnatal Care: Covered after $10 co-pay
- Delivery in Hospital: Covered
- Well Baby Care in Hospital: Covered
- Home Delivery: Not Covered

### PRESCRIPTIONS
- Prescription Drugs: $5 co-pay for generic
- Prescription Drugs: $10 co-pay for brand name
- Birth Control Pills: $5 co-pay for generic
- Birth Control Pills: $10 co-pay for brand name

### DIAGNOSTIC & THERAPEUTIC PROCEDURES
- Laboratory Tests: Covered
- Radiation Therapy: Covered
- Diagnostic X-Rays: Covered

### PREVENTATIVE SERVICES
- Hearing & Vision Screening: Covered
- Immunizations: Covered after $10 office visit co-pay
- Voluntary Family Planning: Covered after $10 office visit co-pay
- Sterilization: Covered
- Infertility Counseling & Treatment: Covered after $10 office visit co-pay

### ALCOHOLISM & DRUG ABUSE SERVICES
- Outpatient & Intermediate Care: To State Mandated Levels

### ALTERNATE MEDICAL SYSTEMS
- Nursing Services in the Home: 100 Visits Year
- Home Health Aide Care: Covered
- Skilled Nursing Home Care: Covered, 730 Days
- Custodial Care: Not Covered

### HOSPICE CARE
- Covered

### HEARING SERVICES
- Hearing Examination: Covered
- Hearing Aid Evaluation Test: Covered
- Hearing Aid (1 every 3 years): Covered

### VISION
- Eye Examination (1 per year): Covered
- Eyeglasses (1 pair every other year): Covered

### APPLIANCES & PROSTHETIC DEVICES
- When Medically Necessary: Covered
- When Body's Growth or Development Necessitates Replacement: Covered
- Normal Wear & Damage: Covered

### DURABLE MEDICAL EQUIPMENT
- Covered

### MISCELLANEOUS
- Major Medical Deductible: None
- Major Medical Copayments: $10 co-pay for office visits
- $50 co-pay for emergency room (unless admitted);
  $5 for generic drugs and
  $10 for brand name drugs
- Conversion Option: Yes
- Claim Forms: None
- Worldwide Coverage: Yes, Emergencies
- Coverage After Retirement: No
- Employee Over 65 Coverage: Yes
- Coverage After Retirement: No