

Exhibit II.E
SAMPLE provided for illustration

SAMPLE
HMO Schedule of Benefits

SERVICE CATEGORY	COVERAGE INFORMATION	
Physician Services	Primary Care Physician Office Visits	
	Adults	\$25 Copay
	Sick Child Visits (Age 0-25)	\$10 Copay
	Laboratory Services	No Charge
	Specialist Office Visits	
	Office Visits	\$40 Copay
	Vision Exams (every 2 years)	\$25 Copay
	X-ray Services	
Preventive & Well Care Services	Inpatient Hospital Services	
	Anesthesiology	No Charge
	Radiology Visits/Consultations	
Hospital	Well Baby, Child Care & Immunizations	
	Adult Physical	
	Mammography & Prostate Cancer Screening	
	Annual Pap Test & Ob/GYN Exam	No Charge
	Immunizations for Adults	
	Colonoscopy & Sigmoidoscopy Screening for Adults	
	Bone Density Tests	
Maternity	Hospital Inpatient	No Charge
	Hospital Outpatient Surgery	\$40 Copay/Visit
	Hospital Outpatient X-ray	\$25 Copay
	Hospital Outpatient Laboratory	No Charge
Emergency Room (ER) Visit	Physician Services	\$25 Copay for first visit
	Hospital Services	No Charge
	Nursery Care	No Charge
Ambulance		\$75 Copay/Visit
Chiropractic Benefit		\$50 Copay/Trip
Durable Medical Equipment		\$40 Copay/Office Visit
Mental Health		50% Copay
	Inpatient	No Charge
Substance Abuse Diagnosis & Treatment	Outpatient	\$40 Copay/Visit
	Inpatient	No Charge
Physical/Occupational/Speech Therapy	Rehabilitation Outpatient	\$25 Copay/Visit
		\$40 Copay/Visit
Home Health Care		\$25 Copay/Visit
Prescription Coverage	Retail 30-Day Supply	\$10 Copay Tier 1/\$30 Copay Tier 2/\$50 Copay Tier 3
	Mail Order 90-Day Supply	\$10 Copay Tier 1/\$30 Copay Tier 2/\$50 Copay Tier 3
Lifetime Maximum Coverage		No Maximums

HMO: Insert additional benefit information, descriptions such as customer service contact information, PCP information, wellness programs, etc.