



Bollinger Specialty Group

BOLLINGER, INC., A SUBSIDIARY OF
ARTHUR J. GALLAGHER & CO.

Plan Coverage Summary – Plan 3

Covered Medical Benefits	2015-2016
Hospital Room / Boarding	100% U&C
Ancillary or Miscellaneous Inpatient Hospital	\$5,000
Medical Emergency Care	\$100
Outpatient Surgical Room (Includes Ambulatory Surgical Facility)	\$1,000
Outpatient Diagnostic X-Rays and Laboratory Test	\$750
Physician's non-surgical treatment	\$250
Physician's Surgical Procedures	\$5,000
Anesthesiologist	30% or Surgery
Registered Nurse	\$350
Physiotherapy	\$500; 10-visit max
Non-Emergency Inpatient/Outpatient X-Rays	\$200
Diagnostic Imaging	\$750
Ambulance Expenses	\$1,000
Rehabilitative Limb Braces, Wheelchairs and other Medical Equipment/Appliances	\$2,500
Eyeglasses, Contacts or Hearing Aids	\$1,000
Prescription Drugs	100% U&C
Accident Dental	\$4,000

The Master Policy contains all of the provisions, limitations, exclusions and qualifications of the insurance benefits. If any discrepancy exists between this summary and the Master Policy, the Master Policy will govern and control the payment of claims.

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