

Outline of Benefits
For
Harris Restaurant Group, LLC

Group Medical Plan

PPO Network	United HealthCare Options PPO
Calendar Year Deductible	
PPO Provider	
Per Covered Person	\$ 1,500.00
Per Family (aggregate)	\$ 3,000.00
Non-PPO Provider	
Per Covered Person	\$ 3,000.00
Per Family (aggregate)	\$ 6,000.00
Percentage Payable for Covered Expenses	
PPO Provider	80%
Non PPO Provider	60%
Physician Office Visit	
PPO Provider	\$ 30 per visit
Non PPO Provider	60% After Ded.
Routine Care Benefits	
PPO Provider	\$ 30 to \$ 500 max.
(Please note: no coverage for out-of-network providers.)	
Emergency Room	\$ 200 then 100%
Prescription Drug Program	
Generic	\$ 10
Name Brand	\$ 35
Formulary	\$ 50

Maximum Out of Pocket

PPO Provider

Per Covered Person	\$ 2,000
Per Covered Family	\$ 4,000

Non PPO Provider

Per Covered Person	\$ 6,000
Per Covered Family	\$ 12,000

Pre-existing Conditions may apply. A Pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received within the 12 month period ending on the person's enrollment date. Pregnancy will not be considered a Pre-existing condition. The Pre-existing Condition limitation period will be reduced by the number of days of a person's Creditable Coverage.

This is an outline of benefits only. Please refer to the Summary Plan Description for a detailed benefit description of coverage.

Contact Information

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