

Gulf Reserve LLC
Employee Benefit Summary - Essential Plan
Effective Date: 4/1/2025 – 3/31/2026



| Benefit – Per Plan Year | All Providers – In-Network / Out-of-Network |
|--|---|
| Deductible | N/A |
| Member Co-Insurance | N/A |
| Out of Pocket Maximum (Inc. Deductible) | N/A |
| Prescription Drug | |
| Generic | Plan Pays up to \$15 per script |
| Brand | Plan Pays up to \$75 per script |
| Non-Preferred | Plan Pays up to \$75 per script |
| Specialty | Not Covered |
| Physician Based Services - Medical | |
| Primary Care / Specialist Office Visits Limit 10 visits per year | Plan Pays \$70 per visit; |
| Preventive Care – Adult, Infant, Pediatric Limit 1 visit per year – women may obtain additional GYN visit per year | Plan pays 100% |
| Physician Based Outpatient Services | |
| Mental Health | Not Covered |
| Substance Abuse | Not Covered |
| Urgent Care - 4 visits per Benefit Period | Plan Pays \$70 per visit |
| Inpatient Services | |
| Inpatient Hospital Stay: Room and Board; Drugs and Medication; Anesthesia and ICU; Maternity Stay, Inpatient Lab; Skilled Nursing; Pre-Surgical/Pre-Admission Testing | Not Covered |
| Emergency Services | |
| Emergency Care | Not Covered |
| Outpatient Services | |
| Outpatient Surgery | Not Covered |
| Lab and Radiology | |
| Lab and Pathology X-Rays / Radiology / MRI / CAT / PET | Not Covered |

Network Utilization: MultiPlan PHCS Practitioner and Ancillary network

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Excluded Services

In addition to exclusions listed in the Summary Plan Document, the following services are excluded from coverage under the Plan:

- Acupuncture
- Advanced Infertility Services including Artificial Insemination and InVitro Fertilization
- Allergy Testing
- Bariatric Surgery
- Chemotherapy
- Chiropractic Care
- Cosmetic Surgery
- Dental Care (Routine)
- Dermatology
- Dialysis / Hemodialysis
- Durable Medical Equipment
- Emergency Medical Transport / Ambulance
- Foot Care (Routine)
- Hearing Aids
- Home Health Care
- Hospice
- Hospitalizations – Inpatient, Outpatient and Emergency Room services
- Maternity Care coverage for dependent daughters
- Private Duty Nursing
- Skilled Nursing Care
- Therapy Services – (Physical, Occupational, Speech, Radiation)
- TMJ Treatment
- Vision Hardware (limited coverage on examination)
- Voluntary Sterilization