

SUMMARY OF BENEFITS



**PREFERRED
25/200D**

MAXIMUM LIFETIME BENEFIT\$2,000,000

OUT-OF-POCKET LIMIT

Participating Providers\$2,000 per person / \$4,000 per family per calendar year

Nonparticipating Providers\$5,000 per person per calendar year

The medical out-of-pocket limit for participating providers accumulates separately from the medical out-of-pocket limit for nonparticipating providers. Once the participating provider out-of-pocket limit has been met, this plan will pay 100% of covered charges for participating and network not available providers for the rest of that calendar year. Once the nonparticipating provider out-of-pocket limit has been met, this plan will pay 100% of covered charges for all providers for the rest of that calendar year. Benefits paid in full, copays, and nonparticipating provider charges in excess of the PacificSource fee allowance do not accumulate toward the out-of-pocket limit.

SERVICE:	COPAY:	PARTICIPATING PROVIDER/ NETWORK NOT AVAILABLE BENEFIT AFTER COPAY:	NONPARTICIPATING PROVIDER BENEFIT AFTER COPAY:
PREVENTIVE CARE			
Well Baby Care	\$25 per visit	100%	80%
Routine Physicals	\$25 per visit	100%	80%
Routine Gynecological Exams	\$25 per visit	100%	80%
Immunizations		100%	80%
PROFESSIONAL SERVICES			
Office and Home Visits	\$25 per visit	100%	80%
Urgent Care Center Visits	\$25 per visit	100%	80%
Surgery	\$50 per visit	100%	80%
HOSPITAL SERVICES			
➤ Inpatient Room and Board	\$200 per day	100%	80%
➤ Inpatient Rehabilitative Care	\$200 per day	100%	80%
➤ Skilled Nursing Facility Care	\$200 per day	100%	80%
OUTPATIENT SERVICES			
Outpatient Surgery	\$100 per admit	100%	80%
Diagnostic and Therapeutic Radiology and Lab		100%	80%
CT/PET Scans, CATH Labs and MRIs	\$100 per procedure	100%	80%
• Emergency Room Visits	\$100 per visit	100%	80%
MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES			
Office Visits	\$25 per visit	100%	80%
➤ Inpatient Care	\$200 per day	100%	80%
➤ Residential Programs	\$200 per day	100%	80%
OTHER COVERED SERVICES			
Physical Therapy	\$25 per visit	100%	80%
Allergy Injections	\$5 per visit	100%	80%
Ambulance, Ground		80%	80%
Ambulance, Air		50%	50%
Durable Medical Equipment		80%	50%
Home Health Care		80%	50%

- ***In true medical emergencies, nonparticipating providers are paid at the participating provider level.***
- ***Copay subject to 5-day maximum.***

Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Although participating providers accept the fee allowance as payment in full, nonparticipating providers may not. Services of nonparticipating providers could result in out-of-pocket expense in addition to the percentage indicated. Network Not Available payment is allowed when PacificSource has not contracted with providers in the geographical area of the member's residence or work for a specific service or supply. Payment to providers for Network Not Available is based on the usual, customary, and reasonable charge for the geographical area in which the charge is incurred. For more information, refer to the Payment to Providers section in the proposal or member benefit handbook.

This is only a brief summary of benefits. Please refer to the additional information provided for a further explanation of benefits including limitations and exclusions.