

**SUMMARY OF  
BENEFITS** MANDATED



**MANAGED CARE  
CATASTROPHIC PLAN**

**MAXIMUM BENEFIT** ..... \$200,000 per person per calendar year

**OUT-OF-POCKET LIMIT** ..... \$12,000 per person / \$24,000 per family per calendar year

Once the out-of-pocket limit has been met, this plan will pay 100% of covered charges (after copayment) for the rest of that calendar year. Benefits paid in full, copays, nonparticipating provider charges in excess of the PacificSource fee allowance, and those services marked with an asterisk (\*) do not accumulate toward the out-of-pocket limit.

	<b>PARTICIPATING PROVIDER / NNA BENEFIT:</b>	<b>NONPARTICIPATING PROVIDER BENEFIT:</b>
<b>PREVENTIVE CARE (\$250 total combined max every 12 months)</b>		
Adult Screening Exams and Tests	100% after \$20 per visit	Not covered
Child Screen Exams and Tests	100%	Not covered
Immunizations (under age 12)	100%	Not covered
Vision Exam/Glasses	Not covered	Not covered
Dental Care	Not covered	Not covered
Speech Tests (under age 12)	100%	Not covered
<b>MATERNITY SERVICES</b>		
Primary Maternity Care Office Visit (maximum out-of-pocket is limited to \$240 per pregnancy)	100% after \$20 copay per visit	80% after \$20 copay per visit
Other Maternity Services (maximum out-of-pocket is limited to \$1000 per pregnancy)	100% after \$500 per day	80% after \$500 per day
<b>INPATIENT SERVICES (Maximum out-of-pocket is limited to \$2,500 per admission for all inpatient services)</b>		
Hospital Inpatient Room and Board	100% after \$500 per day	80% after \$500 per day
Intensive Care and Coronary Care Unit	100%	80%
Hospital Ancillary Services and Supplies	100%	80%
Surgeon, Anesthesiologist, Assistant Surgeon	100%	80%
Radiologist, Pathologist, Physiotherapist	100%	80%
Doctor Hospital Visits	100%	80%
Skilled Nursing Facility Care	100% after \$500 per day	80% after \$500 per day
<b>OUTPATIENT SERVICES</b>		
Doctor Office Visits	100% after \$20 copay	80% after \$20 copay
Urgent Care Center Visits	100% after \$20 copay	80% after \$20 copay
Outpatient Surgery Facility (including ancillary services and supplies)	100% after \$200 copay	80% after \$200 copay
Surgeon, Anesthesiologist, Assistant Surgeon	100%	80%
CT/PET Scans, CATH Labs and MRIs	100%	80%
Diagnostic/Therapeutic Radiology	100%	80%
• Emergency Room Services and Supplies	100% after \$20 copay	80% after \$20 copay
Physical Therapy	100% after \$20 copay	80% after \$20 copay
Chiro Manipulative Therapy (\$1,000 every 12 months)	100% after \$20 copay	80% after \$20 copay
Home Health Care	100% after \$20 copay	80% after \$20 copay
Ambulance (\$750 every 12 months)	50%	50%
Durable Medical Equipment (\$10,000 every 12 months)	50%	50%
Acupuncture	Not covered	Not covered
<b>PSYCHIATRIC/SUBSTANCE ABUSE</b>		
Outpatient Services (10 visit max every 12 months)	100% after \$50 copay	80% after \$50 copay
Inpatient Services (10 day max every 12 months)	100% after \$400 per day	80% after \$400 per day
<b>PRESCRIPTION DRUGS (30-day supply)</b>		
Generic	50%	50%
Brand (when generic substitute not available)	50%	50%
Brand (when generic substitute is available)	50%	50%

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.

- ***In true emergencies, nonparticipating providers are paid at the participating provider level.***