

**SUMMARY OF  
BENEFITS**



**PREFERRED HSA  
100+5000+Rx ID0711**

**MAXIMUM LIFETIME BENEFIT** ..... No Overall Lifetime Limit  
**ANNUAL BENEFIT MAXIMUM** ..... \$2,000,000

**ANNUAL DEDUCTIBLE**

Participating Providers ..... \$5,000 individual / \$10,000 family per calendar year  
 Nonparticipating Providers ..... \$10,000 individual / \$20,000 family per calendar year

The deductible is an amount of covered medical expenses the member pays each calendar year before the plan's benefits begin. The deductible applies to all services and supplies, and accumulates to the out-of-pocket limit. The individual deductible applies only if the employee enrolls without dependents. If the employee and one or more dependents enroll, only the family deductible applies.

**OUT-OF-POCKET LIMIT**

Participating Providers ..... \$5,000 individual / \$10,000 family per calendar year  
 Nonparticipating Providers ..... \$10,000 individual / \$20,000 family 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 nonparticipating providers for the rest of that calendar year. Nonparticipating provider charges in excess of the PacificSource fee allowance do not accumulate toward the out-of-pocket limit. The individual out-of-pocket limit applies only if the employee enrolls without dependents. If the employee and one or more dependents enroll, only the family out-of-pocket limit applies.

<b>SERVICE:</b>	<b>PAR PROVIDER/ NNA BENEFIT:</b>	<b>NONPAR PROVIDER BENEFIT:</b>
<b>PREVENTIVE CARE</b>		
* Well Baby Care	100%	100%
* Routine Physicals	100%	100%
* Routine Gynecological Exams	100%	100%
* Routine Mammogram	100%	100%
* Eye Exam	100%	100%
* Immunizations	100%	100%
Routine Colonoscopy	100%*	100%
<b>PROFESSIONAL SERVICES</b>		
Office and Home Visits	100%	100%
Chiropractic/Acupuncture	100%	100%
Urgent Care Center Visits	100%	100%
Surgery	100%	100%
Physical/Occupational/Speech Therapy	100%	100%
<b>HOSPITAL SERVICES</b>		
Inpatient Room and Board	100%	100%
Inpatient Rehabilitative Care	100%	100%
Skilled Nursing Facility Care	100%	100%
<b>OUTPATIENT SERVICES</b>		
Outpatient Surgery	100%	100%
Diagnostic and Therapeutic Radiology and Lab, and Advanced Imaging	100%	100%
• Emergency Room Visits	100%	100%
<b>MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES</b>		
Office Visits	100%	100%
Inpatient Care	100%	100%
<b>OTHER COVERED SERVICES</b>		
Allergy Injections	100%	100%
Ambulance	100%	100%
Durable Medical Equipment	100%	100%
Hospice	100%	100%
Home Health Care	100%	100%
Prescription Drugs	100%	100%

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

\* **Not subject to annual deductible.**

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 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 member benefit handbook.

**This is a brief summary of benefits. Refer to additional information for further explanation of benefits, limitations and exclusions.**