

**SUMMARY OF
BENEFITS**



**PREFERRED HSA
80+3000 ID0711**

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

ANNUAL DEDUCTIBLE

Participating Providers \$3,000 individual / \$6,000 family per calendar year
 Nonparticipating Providers \$6,000 individual / \$12,000 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 \$5,800 individual / \$11,600 family per calendar year
 Nonparticipating Providers \$11,600 individual / \$23,200 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.

SERVICE:	PAR PROVIDER/ NNA BENEFIT:	NONPAR PROVIDER BENEFIT:
PREVENTIVE CARE		
* Well Baby Care	100%	10%
* Routine Physicals	100%	10%
* Routine Gynecological Exams	100%	50%
* Routine Mammogram	100%	50%
* Eye Exam	100%	10%
* Immunizations	100%	10%
Routine Colonoscopy	100%*	50%
PROFESSIONAL SERVICES		
Office and Home Visits	80%	50%
Chiropractic/Acupuncture	80%	10%
Urgent Care Center Visits	80%	50%
Surgery	80%	50%
Physical/Occupational/Speech Therapy	80%	10%
HOSPITAL SERVICES		
Inpatient Room and Board	80%	50%
Inpatient Rehabilitative Care	80%	10%
Skilled Nursing Facility Care	80%	50%
OUTPATIENT SERVICES		
Outpatient Surgery	80%	50%
Diagnostic and Therapeutic Radiology and Lab, and Advanced Imaging	80%	50%
• Emergency Room Visits	\$100 per visit, 80%	\$100 per visit, 50%
MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES		
Office Visits	80%	10%
Inpatient Care	80%	10%
OTHER COVERED SERVICES		
Allergy Injections	80%	50%
Ambulance	80%	80%
Durable Medical Equipment	80%	50%
Hospice	80%	10%
Home Health Care	80%	50%
• 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 a further explanation of benefits, limitations and exclusions.