

**SUMMARY OF
BENEFITS** MANDATED



**MANAGED CARE
STANDARD PLAN**

MAXIMUM BENEFIT \$100,000 per person per calendar year
OUT-OF-POCKET LIMIT \$5,000 per person / \$10,000 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.

	PARTICIPATING PROVIDER / NNA BENEFIT:	NONPARTICIPATING PROVIDER BENEFIT:
PREVENTIVE CARE (\$500 total combined max every 12 months)		
* Adult Screening Exams and Tests	100% after \$15 per visit	Not covered
* Child Screen Exams and Tests	100%	Not covered
* Immunizations (under age 12)	100%	Not covered
* Vision Exam/Glasses (under age 12; \$75 sub-max)	100%	Not covered
* Dental Care (under age 12)	100%	Not covered
* Speech Tests (under age 12)	100%	Not covered
MATERNITY SERVICES		
* Primary Maternity Care Office Visit (global fee)	100% after \$15 at initial visit	80% after \$15 at initial visit
Other Maternity Services	80% after \$500 per admission	60% after \$500 per admission
INPATIENT SERVICES		
Hospital Inpatient Room and Board	80% after \$500 per admission	60% after \$500 per admission
Intensive Care and Coronary Care Unit	80%	60%
Hospital Ancillary Services and Supplies	80%	60%
Surgeon, Anesthesiologist, Assistant Surgeon	80%	60%
Radiologist, Pathologist, Physiotherapist	80%	60%
Doctor Hospital Visits	80%	60%
Skilled Nursing Facility Care	80%	60%
OUTPATIENT SERVICES		
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% after \$20 per procedure	80% after \$20 per procedure
Diagnostic/Therapeutic Radiology	100% after \$20 copay	80% after \$20 copay
• Emergency Room Services and Supplies	100% after \$100 copay	100% after \$200 copay
Physical Therapy	100% after \$20 copay	80% after \$20 copay
Chiro Manipulative Therapy (\$1,000 per calendar year)	100% after \$20 copay	80% after \$20 copay
Home Health Care	100% after \$20 copay	80% after \$20 copay
Ambulance (\$750 every 12 months)	100% after \$100 copay	100% after \$100 copay
Durable Medical Equipment (\$15,000 every 12 months)	80%	60%
Acupuncture	Not covered except as anesthesia in a covered surgery	
PSYCHIATRIC/SUBSTANCE ABUSE (\$5,000 total combined max every 12 months)		
Outpatient Services (\$1,500 sub-max every 12 months)	50%	50%
Inpatient Services	80% after \$500 per admission	60% after \$500 per admission
PRESCRIPTION DRUGS (30-day supply)		
* Generic	100% after \$10 copay	100% after \$10 copay
* Brand (when generic substitute not available)	100% after \$10 copay	100% after \$10 copay
* Brand (when generic substitute is available)	100% after \$10 copay plus generic/brand cost difference	100% after \$10 copay plus generic/brand cost difference

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.**