

# SUMMARY OF BENEFITS



**PREFERRED**  
**70/3500 0711**

**MAXIMUM LIFETIME BENEFIT** ..... No Overall Lifetime Limit

**OUT-OF-POCKET LIMIT**

Participating Providers ..... \$3,500 per person / \$10,500 per family per calendar year

Nonparticipating Providers ..... \$10,000 per person per calendar year

Only participating provider expense applies to the participating provider out-of-pocket limit and only nonparticipating provider expense applies to the nonparticipating out-of-pocket limit. 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. Benefits paid in full, and nonparticipating provider charges in excess of the PacificSource allowable fee do not accumulate toward the out-of-pocket limit. Nonparticipating provider charges in excess of the PacificSource allowable fee will continue to be the member's responsibility even after the out-of-pocket limit is met.

**PARTICIPATING PROVIDER/  
NETWORK NOT AVAILABLE  
BENEFIT:**

**NONPARTICIPATING  
PROVIDER BENEFIT:**

<b>SERVICE:</b>	<b>PARTICIPATING PROVIDER/ NETWORK NOT AVAILABLE BENEFIT:</b>	<b>NONPARTICIPATING PROVIDER BENEFIT:</b>
<b>PREVENTIVE CARE</b>		
Well Baby Care	100%	60%
Routine Physicals	100%	60%
Routine Gynecological Exams	100%	60%
Immunizations	100%	60%
Routine Colonoscopy, ages 50-75	100%	60%
<b>PROFESSIONAL SERVICES</b>		
Office and Home Visits	70%	60%
Office Procedures and Supplies	70%	60%
Urgent Care Center Visits	70%	60%
Surgery	70%	60%
Physical / Occupational / Speech Therapy	70%	60%
<b>HOSPITAL SERVICES</b>		
Inpatient Room and Board	70%	60%
Inpatient Rehabilitative Care	70%	60%
Skilled Nursing Facility Care	70%	60%
<b>OUTPATIENT SERVICES</b>		
Outpatient Surgery/Services	70%	60%
Advanced Imaging	70%	60%
Diagnostic and Therapeutic Radiology and Lab	70%	60%
* Emergency Room Visits	70%	60%
<b>MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES</b>		
Office Visits	70%	60%
Inpatient Care	70%	60%
Residential Programs	70%	60%
<b>OTHER COVERED SERVICES</b>		
Allergy Injections	70%	60%
Ambulance, Ground and Air	70%	60%
Durable Medical Equipment	70%	60%
Home Health Care	70%	60%

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

*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 (NNA) 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 (see "allowable fee" in the Definitions section) for the geographical area in which the charge is incurred.*

**This is only a brief summary. Refer to your handbook or proposal for a further explanation of benefits, limitations, and exclusions.**