

SUMMARY OF BENEFITS



BASIC HEALTH PLAN 0711

MAXIMUM LIFETIME BENEFIT No Overall Lifetime Limit

OUT-OF-POCKET LIMIT \$3,750 per person / \$7,500 per family per calendar year

Once a member has met the out-of-pocket limit in a calendar year, this plan will pay 100% of covered charges for participating and network not available providers for the rest of that year. Benefits paid in full and nonparticipating provider charges in excess of the PacificSource fee allowance do not accumulate toward the out-of-pocket limit. Expenses for prescription drugs, cosmetic surgery, orthognathic surgery, focal surgery (for epilepsy) and services and supplies provided by nonparticipating providers (except dentists) are always paid at 50% and do not accumulate toward the out-of-pocket limit.

SERVICE:	PARTICIPATING PROVIDER/NETWORK NOT AVAILABLE BENEFIT:	NONPARTICIPATING PROVIDER BENEFIT:
PREVENTIVE CARE		
Well Baby Care	100%	100%
Routine Physicals	100%	100%
Routine Gynecological Exams	100%	100%
Children's Preventive Dental Exams	100% after \$15 copay	100% after \$15 copay
Children's Vision Exams	100% after \$15 copay	100% after \$15 copay
Immunizations	100%	100%
Routine Colonoscopy	100%	50%
PROFESSIONAL SERVICES		
Office and Home Visits	50%	50%
Office Procedures and Supplies	50%	50%
Urgent Care Center Visits	50%	50%
Surgery	50%	50%
Physical / Occupational / Speech Therapy	50%	50%
HOSPITAL SERVICES		
Inpatient Room and Board	50%	50%
Inpatient Rehabilitative Care	50%	50%
Skilled Nursing Facility Care	50%	50%
OUTPATIENT SERVICES		
Outpatient Surgery/Services	50%	50%
Advanced Imaging	50%	50%
Diagnostic and Therapeutic Radiology and Lab	50%	50%
Emergency Room Visits	50%	50%
MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES		
Office Visits	50%	50%
Inpatient Care	50%	50%
Residential Programs	50%	50%
OTHER COVERED SERVICES		
Allergy Injections	50%	50%
Ambulance, Ground and Air	50%	50%
Durable Medical Equipment	50%	50%
Home Health Care	50%	50%
Children's Hearing Aid Devices	50%	50%
Prescription Drugs	100% after \$15 copay or 50%, whichever is greater	100% after \$15 copay or 50%, whichever is greater

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 to providers 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.