PacificSource HEALTH PLANS

SUMMARY OF BENEFITS

PREFERRED CoDeduct Value 2000+35/70% 0711

MAXIMUM LIFETIME BENEFIT ....No Overall Lifetime Limit
ANNUAL DEDUCTIBLE ....$2,000 per person / $6,000 per family

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 except those marked with a bullet (•). Once a member has paid a total amount toward covered expenses during the calendar year equal to the per person amount listed above, the deductible will be satisfied for that person for the rest of that calendar year. Once any covered family members have paid a combined total toward covered expenses during the calendar year equal to the per family amount listed above, the deductible will be satisfied for all covered family members for the rest of that calendar year. Deductible expense is not applied to the out-of-pocket limit.

OUT-OF-POCKET LIMIT
Participating Providers ....$5,000 per person / $10,000 per family per calendar year
Nonparticipating Providers ....$7,000 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 (after the copayment is deducted) 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 (after the copayment is deducted) for nonparticipating providers for the rest of that calendar year. Deductibles, copayments, benefits paid in full and nonparticipating provider charges in excess of the PacificSource allowable fee do not accumulate toward the out-of-pocket limit. Copayments and 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.

SERVICE:	*PARTICIPATING PROVIDER/ NETWORK NOT AVAILABLE BENEFIT:*	*NONPARTICIPATING PROVIDER BENEFIT:*
PREVENTIVE CARE		
Well Baby Care	• 100%	• 70%
Routine Physicals	• 100%	• 70%
Routine Gynecological Exams	• 100%	• 70%
Immunizations	• 100%	• 70%
Routine Colonoscopy, ages 50-75	• 100%	50%
PROFESSIONAL SERVICES		
Office and Home Visits	• 100% after $35 copay	• 70% after $35 copay
Office Procedures and Supplies	70%	50%
Urgent Care Center Visits	• 100% after $35 copay	• 70% after $35 copay
Surgery	70%	50%
Physical / Occupational / Speech Therapy	70%	60%
HOSPITAL SERVICES		
Inpatient Room and Board	70%	50%
Inpatient Rehabilitative Care	70%	50%
Skilled Nursing Facility Care	70%	50%
OUTPATIENT SERVICES		
Outpatient Surgery/Services	70%	50%
Advanced Imaging	70% after $100 copay per test	50% after $100 copay per test
Diagnostic and Therapeutic Radiology and Lab	•100% of first $400, then 70%	50%
* Emergency Room Visits	• 70% after $250 copay	• 50% after $250 copay
MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES		
Office Visits	• 100% after $35 copay	• 70% after $35 copay
Inpatient Care	70%	50%
Residential Programs	70%	50%
OTHER COVERED SERVICES		
Allergy Injections	• 100% after $5 copay	• 70% after $5 copay
Ambulance, Ground	70%	70%
Ambulance, Air	50%	50%
Durable Medical Equipment	70%	50%
Home Health Care	70%	50%

* ***Copay waived if admitted into hospital. 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 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 of benefits. Please refer to the additional information provided for a further explanation of benefits including limitations and exclusions.