

# SUMMARY OF BENEFITS



**PREFERRED  
25/200D 0711**

**MAXIMUM LIFETIME BENEFIT** .....No Overall Lifetime Limit  
**ANNUAL DEDUCTIBLE** .....None

**OUT-OF-POCKET LIMIT**

Participating Providers .....\$2,000 per person / \$4,000 per family per calendar year  
 Nonparticipating Providers .....\$5,000 per person per calendar year

Only participating provider expenses apply to the participating provider out-of-pocket limit and only nonparticipating provider expense apply to the nonparticipating out-of-pocket limit. Once the participating provider out-of-pocket limit is met, this plan will pay 100% (after copay is deducted) 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 is met, this plan will pay 100% of covered charges (after copay is deducted) for nonparticipating providers for the rest of that calendar year. Copay amounts, benefits paid in full, and nonparticipating provider charges in excess of the PacificSource allowable fee do not accumulate toward the out-of-pocket limit. Copays and nonparticipating provider charges in excess of the PacificSource allowable fee will continue to be the member's responsibility after the out-of-pocket limit is met.

<b>SERVICE:</b>	<b>PARTICIPATING PROVIDER/ NETWORK NOT AVAILABLE BENEFIT:</b>	<b>NONPARTICIPATING PROVIDER BENEFIT:</b>
<b>PREVENTIVE CARE</b>		
Well Baby Care	100%	80%
Routine Physicals	100%	80%
Routine Gynecological Exams	100%	80%
Immunizations	100%	80%
Routine Colonoscopy, Ages 50-75	100%	80%
<b>PROFESSIONAL SERVICES</b>		
Office and Home Visits	100% after \$25 copay	80% after \$25 copay
Office Procedures and Supplies	100%	80%
Urgent Care Center Visits	100% after \$25 copay	80% after \$25 copay
Surgery	100% after \$50 copay	80% after \$50 copay
Physical/Occupational/Speech Therapy	100% after \$25 copay	80% after \$25 copay
<b>HOSPITAL SERVICES</b>		
> Inpatient Room and Board	100% after \$200 copay per day	80% after \$200 copay per day
> Inpatient Rehabilitative Care	100% after \$200 copay per day	80% after \$200 copay per day
> Skilled Nursing Facility Care	100% after \$200 copay per day	80% after \$200 copay per day
<b>OUTPATIENT SERVICES</b>		
Outpatient Surgery/Services	100% after \$100 copay	80% after \$100 copay
Advanced Imaging	100% after \$100 per procedure	80% after \$100 per procedure
Diagnostic and Therapeutic Radiology and Lab	100%	80%
* Emergency Room Visits	100% after \$100 copay	80% after \$100 copay
<b>MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES</b>		
Office Visits	100% after \$25 copay	80% after \$25 copay
> Inpatient Care	100% after \$200 copay per day	80% after \$200 copay per day
> Residential Programs	100% after \$200 copay per day	80% after \$200 copay per day
<b>OTHER COVERED SERVICES</b>		
Allergy Injections	100% after \$5 copay	80% after \$5 copay
Ambulance, Ground	80%	80%
Ambulance, Air	50%	50%
Durable Medical Equipment	80%	50%
Home Health Care	80%	50%
* <b>Copay waived if admitted into hospital. In true medical emergencies, nonparticipating providers are paid at the participating provider level.</b>		
> <b>Copay subject to 5-day maximum copay.</b>		

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. Refer to your handbook or proposal for a further explanation of benefits, limitations, and exclusions.*