

SUMMARY OF BENEFITS



PRIME
500+25 0711

MAXIMUM LIFETIME BENEFIT No Overall Lifetime Limit
ANNUAL DEDUCTIBLE..... \$500 per person / \$1,500 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 \$3,000 per person / \$6,000 per family per calendar year

Once the out-of-pocket limit is reached, payment to participating providers increases to 100% (after the copay is deducted) for the remainder of the calendar year. Nonparticipating providers continue to be paid at the percentage stated below. Copayments, deductibles, benefits paid in full and charges in excess of the PacificSource allowable fee for services of nonparticipating providers 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.

PRIMARY CARE PRACTITIONER All enrolled members must select a primary care practitioner (PCP) from the plan's provider directory to be responsible for their continuing medical care. The PCP will coordinate use of healthcare resources to best meet the member's healthcare needs.

SERVICE:	PCP OR REFERRED BENEFIT:	NONPARTICIPATING OR NONREFERRED PROVIDER BENEFIT:
PREVENTIVE CARE		
Well Baby Care	• 100%	• 50%
Routine Physicals	• 100%	• 50%
Routine Gynecological Exams	• 100%	• 50%
Immunizations	• 100%	• 50%
Routine Colonoscopy, ages 50-75	• 100%	50%
PROFESSIONAL SERVICES		
Office and Home Visits	• 100% after \$25 copay	• 50% after \$25 copay
Office Procedures and Supplies	• 100%	• 50%
Urgent Care Center Visits	• 100% after \$25 copay	• 50% after \$25 copay
Surgery	80%	50%
Physical / Occupational / Speech Therapy	80%	50%
HOSPITAL SERVICES		
Inpatient Room and Board	80%	50%
Inpatient Rehabilitative Care	80%	50%
Skilled Nursing Facility Care	80%	50%
OUTPATIENT SERVICES		
Outpatient Surgery/Services	80%	50%
Advanced Imaging	80%	50%
Diagnostic and Therapeutic Radiology and Lab	• 80%	• 50%
* Emergency Room Visits	• 80% after \$100 copay	• 50% after \$100 copay
MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES		
^ Office Visits	• 100% after \$25 copay	• 50% after \$25 copay
Inpatient Care	80%	50%
Residential Programs	80%	50%
OTHER COVERED SERVICES		
Allergy Injections	• 100% after \$5 copay	• 50% after \$5 copay
Ambulance, Ground	80%	80%
Ambulance, Air	50%	50%
Durable Medical Equipment	80%	50%
Home Health Care	80%	50%

* **Copay waived if admitted into hospital. In true medical emergencies, nonparticipating providers are paid at the participating provider level.**

^ **No referral from PCP required.**

• **Not subject to the deductible.**

Payment to providers is based on the prevailing or contracted PacificSource allowable fee 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. To receive the maximum benefits under this plan, members should first seek treatment from their PCP.

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.