



PREFERRED 50/3750



MAXIMUM LIFETIME BENEFIT\$2,000,000

OUT-OF-POCKET LIMIT

Participating Providers\$3,750 per person / \$11,250 per family per calendar year

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

The participating and nonparticipating out-of-pocket limits accumulate separately. 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 fee allowance do not accumulate toward the out-of-pocket limits.

SERVICE:	PARTICIPATING PROVIDER/ NETWORK NOT AVAILABLE BENEFIT:	NONPARTICIPATING PROVIDER BENEFIT:
PREVENTIVE CARE		
Well Baby Care	50%	50%
Routine Physicals	50%	50%
Routine Gynecological Exams	50%	50%
Immunizations	50%	50%
PROFESSIONAL SERVICES		
Office and Home Visits	50%	50%
Urgent Care Center Visits	50%	50%
Surgery	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	50%	50%
Diagnostic and Therapeutic Radiology and Lab	50%	50%
CT Scans and MRIs	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		
Physical/Occupational Therapy (20 visits annual max)	50%	50%
Speech Therapy (10 visits annual max)	50%	50%
Allergy Injections	50%	50%
Ambulance, Ground (300 mile annual max)	50%	50%
Ambulance, Air (\$6,000 annual max)	50%	50%
Durable Medical Equipment (\$5,000 annual max)	50%	50%
Home Health Care	50%	50%
• <i>In true medical emergencies, nonparticipating providers are paid at the participating provider level.</i>		

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.

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.