



## PREFERRED HSA FP 80+3000 + Rx



**MAXIMUM LIFETIME BENEFIT** ..... \$2,000,000

**ANNUAL DEDUCTIBLE**

Participating Providers .....\$3,000 individual / \$6,000 family per calendar year

Nonparticipating Providers .....\$6,000 individual / \$12,000 family per calendar year

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. The individual deductible applies only if the employee enrolls without dependents. If the employee and one or more dependents enroll, only the family deductible applies. Only participating provider expense applies to the participating provider deductible and only nonparticipating provider expense applies to the nonparticipating deductible.

**OUT-OF-POCKET LIMIT**

Participating Providers .....\$5,800 individual / \$11,600 family per calendar year

Nonparticipating Providers .....\$11,600 individual / \$23,200 family per calendar year

Once the out-of-pocket limit has been met, this plan will pay 100% of covered charges for the rest of that contract year. The individual out-of-pocket limit applies only if the employee enrolls without dependents. If the employee and one or more dependents enroll, only the family out-of-pocket maximum applies. 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. Nonparticipating provider charges in excess of the PacificSource fee allowance do not accumulate toward the out-of-pocket limit. 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.

<b>SERVICE:</b>	<b>PARTICIPATING PROVIDER/ NETWORK NOT AVAILABLE BENEFIT:</b>	<b>NONPARTICIPATING PROVIDER BENEFIT:</b>
<b>PREVENTIVE CARE</b>		
Well Baby Care	80%	50%
Routine Physicals	80%	50%
Routine Gynecological Exams	80%	50%
Immunizations	80%	50%
<b>PROFESSIONAL SERVICES</b>		
Office and Home Visits	80%	50%
Urgent Care Center Visits	80%	50%
Surgery	80%	50%
<b>HOSPITAL SERVICES</b>		
Inpatient Room and Board	80%	50%
Inpatient Rehabilitative Care	80%	50%
Skilled Nursing Facility Care	80%	50%
<b>OUTPATIENT SERVICES</b>		
Outpatient Surgery	80%	50%
Diagnostic and Therapeutic Radiology and Lab	80%	50%
CT Scans and MRIs	80%	50%
• Emergency Room Visits	80%	50%
<b>MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES</b>		
Office Visits	80%	50%
Inpatient Care	80%	50%
Residential Programs	80%	50%
<b>OTHER COVERED SERVICES</b>		
Physical/Occupational Therapy (20 visits annual max)	80%	50%
Speech Therapy (10 visits annual max)	80%	50%
Allergy Injections	80%	50%
Ambulance, Ground (300 mile annual max)	80%	80%
Ambulance, Air (\$6,000 annual max)	80%	80%
Durable Medical Equipment (\$5,000 annual max)	80%	50%
Home Health Care	80%	50%
* Prescription Drugs	80%	50%
<ul style="list-style-type: none"> <li>• <b><i>In true medical emergencies, nonparticipating providers are paid at the participating provider level.</i></b></li> <li>* <b><i>If you receive a brand drug when generic is available, you must pay the coinsurance plus the difference between the brand and generic cost unless your physician requires that you use brand only.</i></b></li> </ul>		

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 proposal or 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.***