

Benefits

summary



For Groups with 2-50 Contracts

Copayment Options	Inpatient Copayment	Home/Office/Outpatient Copayment
Option 1 Option 2 Option 3 Option 4 Option 5 Option 6	\$0 copay \$0 copay \$250/\$625 copay* \$500/\$1,250 copay* \$0 copay \$500/\$1,250 copay*	\$5 copay \$10 copay \$10 copay \$15 copay \$20 copay \$20 copay
*Per admission/maximum per calendar year per contract		

Benefit	In-Network ¹	Options
Lifetime Maximum	Unlimited	
Dependent Children (covered to end of calendar year)	To age 19; full-time students to age 23	Dependent children to age 23; full-time students to age 25

Home/Office/Outpatient Care	In-Network ¹	Options
Home/Office Visits ¹ (PCP or Specialist)	Copayment option selected	
Annual Physical Exam ¹	Copayment option selected	
Well-Child Care ¹ (up to age 19, including covered immunizations)	\$0	
Well-Woman Care (no PCP referral required)	Copayment option selected	
Emergency Room/Facility (initial visit per occurrence)	\$35 copay (waived if admitted within 24 hours)	
Surgery, ² Presurgical Testing, Anesthesia	\$0	
Chemotherapy, Radiation Therapy	\$0	
Maternity care	\$0	
Mammograms	\$0	
Cervical cancer screening	\$0	
Laboratory Tests, X-rays	\$0	
MRI ² /MRA ²	\$0	
Allergy Testing & Treatment	Copayment option selected (waived for treatment)	
Chiropractic Care	Copayment option selected	
Home Health Care ² (up to 200 visits per calendar year)	\$0	
Home Infusion Therapy ²	\$0	
Hospice Care ² (up to 210 days per lifetime)	\$0	
Physical Therapy ² (up to 30 visits per calendar year combined in home, office or outpatient facility)	Copayment option selected	
Other Short-Term Rehabilitative Therapies — Speech/Language, ² Occupational, ² Vision (up to 30 visits per calendar year combined in home, office or outpatient facility)	Copayment option selected	
Cardiac Rehabilitation ²	\$0	
Second Surgical Opinion	\$0	
Kidney dialysis	\$0	

These new options are available as of August 1, 2002

- (1) A network provider must deliver all care with a PCP referral. Direct HMO Only: PCP functions as member's personal physician but does not act as gatekeeper. Member must use PCP for primary care services, such as annual physical examinations and well-child care, and may access a Network specialist with or without PCP referral.
- (2) The admitting network physician, PCP or participating vendor must contact our Medical Management Program to get preapproval for this service. For Ambulatory Surgery, preapproval is required for cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures.
- (3) Our Behavioral Health Care Management Program must preapprove all Mental Health and Alcohol/Substance Abuse services.

NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with our Medical Management or Behavioral Health Care Management Program requirements could result in benefit reductions.





Benefit	In-Network ¹	Options
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Inpatient Care ²		
Inpatient Hospital (as many days as is medically necessary; semi-private room and board)	Copayment option selected	
Surgery, Surgical Assistant, Anesthesia	\$0	
Physical Therapy, Physical Medicine or Rehabilitation (up to 30 inpatient days per calendar year)	Copayment option selected	
Skilled Nursing Facility (up to 60 days per calendar year)	\$0	120 days

Mental Health ³		
Outpatient Visits in Office or Facility (up to 20 outpatient visits per calendar year)	\$25 copay per visit	40 visits
Inpatient Care (up to 30 inpatient days per calendar year)	Copayment option selected	45 days

Alcohol/Substance Abuse ³		
Outpatient Visits (up to 60 outpatient visits which include 20 family counseling visits per calendar year)	\$0	
Inpatient Detoxification (up to 7 days detox per calendar year)	Copayment option selected	
Inpatient Rehabilitation	Rider available subject to copayment option available	Up to 30 days per calendar year

Other		
Medical Supplies	\$0	
Durable Medical Equipment ²	\$0	
Prosthetics & Orthotics ²	\$0	
Ambulance (Air Ambulance ²)	\$0	
Prescription Drugs (product option: with or without oral contraceptives)	Rider available	Deductible options: \$0, \$100, \$150 Retail/Mail order program (generic/brand/non-formulary): (1) \$5/\$15/\$25 (2) \$10/\$20/\$30 (3) \$10/\$25/\$50 (4) \$5/\$20/\$40 (5) \$10/\$20/\$40
Routine Vision Care (through a special network of providers)	Rider available	(1) \$5 copay for 1 exam every 24 months plus discounts on frames and lenses (2) Option (1) plus \$10 copay for frames, \$25 copay for contact lenses, or \$35 allowance for nonplan eyewear purchase

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