

Group Number: 123      Group Name: ABC Company, Inc.

**ALL BENEFITS ARE SUBJECT TO THE FEE SCHEDULE AND BENEFIT YEAR DEDUCTIBLE UNLESS OTHERWISE INDICATED.**

**MAIL CLAIMS TO APPROPRIATE LOCATION STATED ON ID CARD.**

**PRE-CERTIFICATION IS REQUIRED FOR ALL INPATIENT ADMISSIONS. PLEASE REFER TO THE ID CARD.**

<b>BENEFIT YEAR (BY) DEDUCTIBLE:</b>	<b>Per Participant:</b> \$200 (PPO)	\$300 (non-PPO)
	<b>Per Family:</b> \$400 (PPO)	\$600 (non-PPO)
<b>OUT-OF-POCKET:</b>	<b>Per Participant:</b> \$1,300 (PPO)	\$2,000 (non-
PPO)		
	<b>Per Family:</b> \$2,600 (PPO)	\$4,000 (non-
PPO)		

<b>HOSPITAL PER CONFINEMENT CO-PAYMENT:</b>	\$0 (PPO)	\$100 (Non-PPO)
<b>LIFETIME MAXIMUM (LT):</b>	\$1,000,000	

**BENEFITS**

**PPO**

**PPO**

**NON-**

Room/Board (semi-private room rate):	85%	75%*
Skilled Nursing Facility:	70%	70%*
Physical Rehab Facility:	85%	75%*
Nursery, Newborn Care:	85%	75%
Cardiac Rehabilitation:	85%	75%
IP Mental/Nervous Facility & Physician (30 days/BY):	80%	60%*
IP Substance Abuse (\$8,000/BY)	85%	75%*
OP Mental/Nervous (45 visits/BY):	70%	50%
OP Substance Abuse (\$8,000/LT):	50%	50%
<i>Substance Abuse has a \$16,000/LT max for IP &amp; OP combined</i>		
Marriage/Family Counseling:	70%	70%
OP Surgery, Services, Supplies:	85%	75%
OP X-Ray/Lab:	100%*	80%
ER Services:	\$50 co-pay/85%	\$50 co-
pay/85%		
Pathology/Radiology:	85%	75%
Pre-Admission Testing (tests must be w/in 7 days of admission):	85%	75%
Physical/Speech/Occupational Therapy:	85%	75%
Office Visit (includes lab/x-ray/path/rad/surg):	\$15 co-pay/100%	75%
Inpatient Physician Expense:	85%	75%
Anesthesia, Inpatient and Outpatient:	85%	75%
Chiropractic Care:	85%	75%
Second Surgical Opinion (not mandatory):	\$15 co-pay/100%	75%
DME (pre-authorization required if \$100 or more):	85%	75%
Home Health Care (Pre-authorization required):	85%	75%
Hospice Care (Pre-authorization required):	85%	75%
Allergy Injections:	100%	75%
Prosthetic & Orthotic Devices:	70%	70%
Home Infusion Therapy:	85%	75%
Diabetic Supplies:	85%	85%
Accidental Dental Care:	70%	70%
Ambulance:	70%	70%
TMJ Care:	85%	75%

**PREVENTIVE CARE-Deductible Waived:**

Mammogram and Office Visit (age 35 and up):	\$15 co-pay/100%	75%*
(BCBS Mammography Network Provider 100%)		
Annual Gynecologic Exam:	100%	75%*
Annual Prostate Screening:	100%	Not
covered		

Annual Physical Exam (includes immuns/lab/x-ray, \$400/BY):	\$15 co-pay/100%	75%*
Well Child Care up to age 2 (office visit/lab and immuns):	\$15 co-pay/100%	75%*

**PRESCRIPTION DRUGS:**

Retail: 100% w/Advanced PCS Drug Card after \$10 co-pay/Generic, \$20 co-pay/Brand.

Mail Order: 100% w/Advanced PCS Drug Card after \$20 co-pay/Generic, \$40 co-pay/Brand.

\* Deductible waived.

This patient's benefit year runs from 1/1 to 12/31.

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