

Summary of Benefits

Plan Features	Plan Benefits
Lifetime Maximum	Unlimited
Deductibles	None
Coinsurance	80%, except as noted
Out-of-Pocket Maximum (includes medical copays)	
Individual	\$1,000
Family	\$2,000
Physician Visits	
Physician Visits	\$15 copay, then 100%
Well-Child Care Visits	100%, no copay
Adult Routine Physical Exams	\$15 copay, then 100%
Allergy Injections	80%
Chiropractic Care	\$15 copay, then 80%, 20 visits per year
Inpatient Services	
Hospital Charges	80%
Surgery	80%
Medically Necessary Bariatric Surgery	80%
Maternity Care	
Prenatal, Delivery and Postnatal Care	\$15 copay for first office visit only, then 80%
Outpatient Services	
Emergency Room Care	\$75 copay (waived if admitted), then 80%
Surgery	80%
Urgent Care	\$25 copay, then 100%
Other Services	
Rehabilitation Therapy (benefit change for 2008)	80% if not in conjunction with an office visit; \$15 copay, 100% for office visit charges; Physical and Occupational Therapy are limited to a combined limit of 30 visits per calendar year
Home Health Care	80%, 180 - visit limit
Skilled Nursing Facility	80% for the first 180 days, then 60%
Hospice – Inpatient and Outpatient	100%
Durable Medical Equipment • Diabetic Supplies	80% 100%, if participating in our <i>Caring for Diabetes</i> program
Hearing Aids	50% of cost reimbursed, not to exceed \$1,000 lifetime

Your pharmacy benefits are provided by the State.