

SUMMARY OF P-5-5-250

BENEFITS AND SCHEDULE OF COPAYMENTS

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Annual Deductible:	<u>None</u>	Out of pocket maximum individual \$6,350
Pre-Existing Conditions:	<u>Covered</u>	Out of pocket maximum family \$12,700
Lifetime Maximum:	<u>None</u>	

TYPE OF SERVICE

PATIENT CO-PAY (U.S. DOLLARS)

PHYSICIAN SERVICES

Office Visits – IPA Facility	100% Covered After \$5.00 Copayment
Surgical Services	100% Covered, No Copayment
Assistant Surgeon	100% Covered, No Copayment
Anesthesiologist	100% Covered, No Copayment
Annual Physical Examinations	100% Covered, No Copayment

OUTPATIENT SERVICES

Laboratory Services	100% Covered, No Copayment
Radiology Services	100% Covered, No Copayment
Home Health Care – If required, available for post-operative care only	100% Covered, No Copayment
Speech, Physical and Occupational Therapy	100% Covered After \$10.00 Copayment
Acupuncture	100% Covered After \$10.00 Copayment
Massage Therapy	100% Covered After \$10.00 Copayment
Prosthesis	100% Covered, No Copayment

HOSPITAL SERVICES

DURABLE MEDICAL EQUIPMENT

Durable Medical Equipment

100% Covered, No Copayment

(including equipment and supplies for the management and treatment of diabetes)

BEHAVIORAL HEALTH TREATMENT, MENTAL HEALTH AND SUBSTANCE ABUSE

Outpatient (In-Network)

Office Visits

Mental Health – Office Visits

Chemical Dependency Services - Office Visits

Group Therapy – MH/SUD disorder conditions

Other Items and Services

Mental Health - Home-based applied behavioral analysis for treatment of pervasive developmental disorder or autism

Intensive Outpatient Program
(usually less than 5 hours/day) –
MH/SUD disorder conditions

drugs, dependency recovery services,
education, and counseling

MATERNITY CARE (At Participating Facility)

Prenatal and Postnatal Visits	100% Covered After \$5.00 Copayment
Delivery Including Cesarean Section	100% Covered, No Copayment
Newborn Including Well Baby Care	100% Covered, No Copayment

PREVENTIVE CARE SERVICES

Pap Smears	100% Covered, No Copayment
Mammogram	100% Covered, No Copayment
Immunizations	100% Covered, No Copayment
Birth Control Methods	100% Covered, No Copayment
Testing and Treatment for Phenylketonuria	100% Covered, No Copayment
All Cancer Screening Tests consistent with professionally recognized standards of practice, including annual screening for cervical cancer and screening for prostate cancer and breast cancer, including mammograms.	100% Covered, No Copayment

EYE CARE SERVICES

Office Visits	100% Covered After \$5.00 Copayment
Eye Examinations	100% Covered After \$5.00 Copayment
Eye Surgery	100% Covered, No Copayment

EXCLUSIONS AND LIMITATIONS