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:	None	Out of pocket maximum individual $6,350
Pre-Existing Conditions:	Covered	Out of pocket maximum family $12,700
Lifetime Maximum:	None	

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 (including equipment and supplies for the management and treatment of diabetes)	100% Covered, No Copayment

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