



**PPO HEALTH PLAN 3 - C
2011 / 2012**

BENEFIT	PLAN 3 - C
MAJOR MEDICAL*	Deductible: \$100 Individual / \$300 Family Coinsurance: 100%** Out Of Pocket Max: Deductible
CALENDAR YEAR MAXIMUM PER PERSON	\$5,000,000
DOCTOR VISITS	\$20 Copay (Copay not applied to deductible)
IMMUNIZATIONS	Paid at 100%**
PREVENTIVE CARE FOR CHILDREN	Paid at 100%** Covered, as long as eligible.
PREVENTIVE CARE FOR ADULTS	Paid at 100%**
OUTPATIENT X-RAY & LAB	*Major Medical
RADIATION THERAPY / CHEMOTHERAPY	*Major Medical
DURABLE MEDICAL EQUIPMENT	*Major Medical
AMBULANCE-GROUND/AIR	*Major Medical
PHYSICAL THERAPY	*Major Medical (Copay, if applicable) Non-Par Providers limited to a combined maximum 13 visits per year.

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CHIROPRACTIC	*Major Medical (Copay, if applicable) Non-Par Providers limited to a combined maximum 13 visits per year.	
ACUPUNCTURE	*Major Medical (Copay, if applicable) Maximum of 12 visits per calendar year	
HOSPITAL INPATIENT	*Major Medical Unlimited days; Semi private room	
HOSPITAL EMERGENCY ROOM	\$75 Copay *Major Medical (Copay not applied to deductible and waived if admitted as in-patient)	
HOME HEALTH CARE	*Major Medical Limited to 100 visits per calendar year	
HOSPICE	100%** of Covered Expense with a lifetime maximum of \$10,000	
PRESCRIPTION DRUGS (COPAYMENTS)	<u>Retail</u> \$7 Generic \$25 Preferred \$40 Non-Preferred (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Preferred \$90 Non-Preferred (90-day supply)

* **Major Medical** - Deductible and coinsurance apply.

****Explanation of Covered Expense:**

Plan payments are based on covered expense, which is the lesser of the charges billed by the provider or the following: **PPO Providers** - PPO negotiated rates. Members are not responsible for the difference between the provider's usual charges & the negotiated amount. **Non-PPO Providers** - For non-emergency services, the scheduled amount. For emergency services, same as other health care providers. **Other Health Care Providers** (includes those not represented in the PPO provider network) - The customary & reasonable charge for professional services or the reasonable charge for institutional services. **When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay.** All percentages are based on payments to preferred hospitals, physicians and other network providers.

Effective 10/1/11 – 24/7 Nurseline

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits.