

Inpatient Hospital Services* performed and billed by a hospital			
		Limitations	In-network
Inpatient Hospital Coverage *	YES	365 days per confinement	Deductible & Coinsurance
Skilled Nursing Facility Care *	YES	2 days care in SNF=1 day hospital care	Deductible & Coinsurance
Inpatient Admission for Medical Rehabilitation * (i.e. PT, Physical Medicine and Rehabilitation)	YES	30 days per calendar year	Deductible & Coinsurance
Hospice Care - inpatient and outpatient *	YES	210 days per lifetime	Deductible & Coinsurance

* Failure to Pre-certify will result in a 50% maximum penalty up to \$1000 day , \$2000 max per confinement

Outpatient Hospital Services performed and billed by a hospital or facility			
Pre-Admission Testing			Deductible & Coinsurance
Ambulatory Surgery * facility charge (free standing)	YES		Deductible & Coinsurance
Ambulatory Surgery * facility charge (OPD hospital)	YES		Deductible & Coinsurance
Home Health Care Services*	YES	200 visits per calendar year	Deductible & Coinsurance
Diagnostic Lab /Radiology	YES	Pre-cert required for Radiology services	Deductible & Coinsurance
Preventive Mammography and Pap Smear & Prostate Screening			Covered in Full

* Failure to Pre-certify will result in a 50% maximum penalty

Medical Services performed and billed by a Physician or other Medical Provider			
Office visits and diagnostic Copayment for dependent child(ren)/students			Deductible & Coinsurance
Office visit copayment, including Outpatient clinic visits			Deductible & Coinsurance
Specialist Office Visits			Deductible & Coinsurance
Maternity Pre-Postnatal Care			Deductible & Coinsurance
Annual Physical Check-up (Adult)			Covered in Full
Preventive Mammography and Pap Smear & Prostate Screening			Covered in Full
Chiropractic Care			Deductible & Coinsurance
Outpatient Surgery		Office	Deductible & Coinsurance
		OP hospital	Deductible & Coinsurance
		Ambulatory freestanding	Deductible & Coinsurance
Inpatient Surgery			Deductible & Coinsurance
DME:	(*Pre-cert required when the amt is > \$2000)	\$10,000 calendar year max	Deductible & Coinsurance
Diagnostic Lab ¹		Providers office/ Free Standing Facility	Deductible & Coinsurance
Diagnostic Radiology ^{1*}	YES	Providers office/ Free Standing Facility Pre-cert required	Deductible & Coinsurance

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Well baby and Child Care			
Well baby and Well Child Care, including Immunizations		up to age 19	Covered in full

Emergency Coverage			
Emergency Room Care facility copay			Deductible & Coinsurance
Emergency Ground Ambulance			Covered up to 100% of U & C , subject to ded & coins

Inpatient Mental Health & Chemical Dependency *			
Inpatient Mental Health	YES	30 days /cal.yr, no limits for biological based	Deductible & Coinsurance
Chemical Dependency: Detoxification	YES	7 days per calendar year	Deductible & Coinsurance
Chemical Dependency: Rehabilitation	YES	30 days per calendar year	Deductible & Coinsurance

Outpatient Mental Health & Chemical Dependency*			
Outpatient Chemical Dependency	YES	60 visits per calendar year , up to 20 family visits	Deductible & Coinsurance
Outpatient Mental Health	YES	30 visits per calendar year , no limits for biological based	Deductible & Coinsurance

* Failure to Pre-certify will result in a 50% maximum penalty

Prescription Coverage			
Various Pharmacy Options available			
*Pre-certification Required			

¹ Non participating providers (anesthesiologist, radiologist, pathologist, asst surgeon) in a network Hospital, Facility, OPD, ambulatory facility or office is covered up to 100% of HIAA at the 90th%ile .

The benefits described here in are only brief highlights of the coverage available. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.