

<b>Inpatient Hospital Services* performed and billed by a hospital</b>			
		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

<b>Outpatient Hospital Services performed and billed by a hospital or facility</b>			
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

<b>Medical Services performed and billed by a Physician or other Medical Provider</b>			
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:	(*Precert required when the amt is > \$2000)	\$10,000 calendar year max	Deductible & Coinsurance
Diagnostic Lab <sup>1</sup>		Providers office/ Free Standing Facility	Deductible & Coinsurance
Diagnostic Radiology <sup>1*</sup>	YES	Providers office/ Free Standing Facility Pre-cert required	Deductible & Coinsurance

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

<b>Well baby and Child Care</b>			
Well baby and Well Child Care, including Immunizations		up to age 19	Covered in full

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

<b>Inpatient Mental Health &amp; Chemical Dependency *</b>			
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

<b>Outpatient Mental Health &amp; Chemical Dependency*</b>			
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

<b>Prescription Coverage</b>			
Various Pharmacy Options available			
*Pre-certification Required			

<sup>1</sup> 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.