iba
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Sterling Testing Systems, Inc.
PLAN DESIGN SUMMARY

Primary - MAGNACARE NETWORK
Secondary - MULTIPLAN NETWORK

		PLAN B (PPO PLAN)	
		IN-NETWORK	OUT-OF-NETWORK
MAJOR MEDICAL			
Employee Deductible (Ded)		N/A	$5,000 / Individual $15,000 / Family
Coinsurance (MM)		100%	30%
Out-Of-Pocket Maximum (Excluding Deductible)		N/A	$10,000 Individual $30,000 Family
Lifetime Maximum Per Family Member		Unlimited	
PHYSICIAN'S OFFICE VISITS		100%; $25 Co-Pay	30%
SPECIALIST OFFICE VISITS		100%; $35 Co-Pay	30%
PRESCRIPTION DRUG CARD			
Retail Co-Pay 30 Day Supply		$15 Generic $25 Brand $40 Preferred Brand	
Mail Order Co-Pay 90 Day Supply		$30 Generic $50 Brand $80 Preferred Brand	
AMBULATORY SURGERY		100%;after $125 Co-pay	30%
All services performed in an In-Network Hospital will be covered as an In-Network claim (i.e. Anesthesia, Pathology & Radiology)			
HOSPITAL BENEFITS			
In-Patient		100%; after $500 Co-pay	30%; after $500 Co-pay
Out-Patient		100%	30%
Emergency Room (Medical Emergency)		100%; $50 Co-pay (Waived if Admitted)	30%
SURGICAL BENEFITS			
In-Patient		100%; after $500 Co-pay	30%
Out-Patient		100%	30%
DIAGNOSTIC X-RAY AND LABORATORY SERVICES		100%	30%
WELLNESS/PREVENTIVE (Routine Care)			
Physical Examinations		100%; after $25 Co-pay	30%
Well Child Care (upto age 18) (Including Immunizations)		100%	30%
MENTAL/NERVOUS AND SUBSTANCE ABUSE			
Mental/Nervous:			
In-Patient 10 Days Cal. Yr. Max.		100%; after $500 Co-pay	30%
Out-Patient 20 visits per Cal. Yr.		100%; after $25 Co-pay	30%
Substance Abuse:			
In-Patient 10 Days Cal. Yr. Max.		100%; after $500 Co-pay	30%
Out-Patient 20 Visits Cal. Yr. Max.		100%; after $25 Co-pay	30%
ADDITIONAL MEDICAL BENEFITS			
Physical Therapy 90 Days/Visits per Cal. Year		100%; after $25 Co-pay	30%
Occupational Speech Therapy 20 Visits per Cal. Year		100%; after $25 Co-pay	30%
Chiropractic Services 60 Visits per Cal. Year		100%; after $35 Co-pay	30%
Pre-Admission Testing		100%; after $25 Co-pay	30%
Second Surgical Opinion (As described in plan document)		100%	100%
Home Health Care (PreCertification Required) 120 Visits Cal Yr. Max.		100%; after $500 Co-pay	30%
Skilled Nursing Facility $10,000 Cal. Yr. Max		50%	30%
Hospice Lifetime Maximum $5,000		100%; after $500 Co-pay	30%
Birthing Center		100%	30%
Ambulance		100%	30%
Medical Supplies and Durable Equipment		100%	30%
FAMILY PLANNING			
Infertility Treatment		Member cost sharing is based on the type of service and the place of service where it is performed	
Voluntary Sterilization		Member cost sharing is based on the type of service and the place of service where it is performed	

The above summary is for illustrative purposes only. Please see Plan Booklet for a more detailed description.