

		PLAN C (PPO PLAN)	
		IN-NETWORK	OUT-OF-NETWORK
MAJOR MEDICAL			
Employee Deductible (Ded)		N/A	\$500 / Individual \$1,500 / Family
Coinsurance (MM)		100%	20%
Out-Of-Pocket Maximum (Excluding Deductible)		N/A	\$1,500 Individual \$4,500 Family
Lifetime Maximum Per Family Member		Unlimited	
PHYSICIAN'S OFFICE VISITS		100%; \$25 Co-Pay	20%
SPECIALIST OFFICE VISITS		100%; \$35 Co-Pay	20%
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	20%
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%	20%
Out-Patient		100%	20%
Emergency Room (Medical Emergency)		100%; \$50 Co-pay (Waived if Admitted)	20%
SURGICAL BENEFITS			
In-Patient		100%	20%
Out-Patient		100%	20%
DIAGNOSTIC X-RAY AND LABORATORY SERVICES		100%	20%
WELLNESS/PREVENTIVE (Routine Care)			
Physical Examinations		100%; after \$25 Co-pay	20%
Well Child Care (upto age 18) (Including Immunizations)		100%	20%
MENTAL/NERVOUS AND SUBSTANCE ABUSE			
Mental/Nervous:			
In-Patient		100%	20%
10 Days Cal. Yr. Max.			
Out-Patient		100%; after \$25 Co-pay	20%
20 visits per Cal. Yr.			
Substance Abuse:			
In-Patient		100%	20%
10 Days Cal. Yr. Max.			
Out-Patient		100%; after \$25 Co-pay	20%
20 Visits Cal. Yr. Max.			
ADDITIONAL MEDICAL BENEFITS			
Physical Therapy		100%; after \$25 Co-pay	20%
90 Days/Visits per Cal. Year			
Occupational Speech Therapy		100%; after \$25 Co-pay	20%
20 Visits per Cal. Year			
Chiropractic Services		100%; after \$35 Co-pay	20%
60 Visits per Cal. Year			
Pre-Admission Testing		100%; after \$25 Co-pay	20%
Second Surgical Opinion		100%	100%
(As described in plan document)			
Home Health Care (PreCertification Required)		100%	20%
120 Visits Cal Yr. Max.			
Skilled Nursing Facility		50%	20%
\$10,000 Cal. Yr. Max			
Hospice		90%	20%
Lifetime Maximum \$5,000			
Birth Center		100%	20%
Ambulance		100%	20%
Medical Supplies and Durable Equipment		100%	20%
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.