CONCERT
HEALTH PLAN

SUMMARY OF BENEFITS [6] - HH21

	In-Network	Out-of Network [1]
Annual Deductible		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Co-Insurance	100% after deductible	70% of Maximum Allowable Fee
Maximum Out of Pocket		
Individual (does not include deductible)	$0	$5,000
Family (does not include deductible)	$0	$10,000
Facility Charges		
Inpatient	100% after deductible	70% of Maximum Allowable Fee
Outpatient	100% after deductible	70% of Maximum Allowable Fee
X-Ray/Lab	100% after deductible	70% of Maximum Allowable Fee
Emergency Care [2]		
Ambulance	100% after deductible	100% of Maximum Allowable Fee
Emergency Room	100% after deductible	100% of Maximum Allowable Fee
Physician Office Visit	100% after deductible	70% of Maximum Allowable Fee
Annual Physical Exam (One per calendar year)	100% Coverage	No Coverage
Serious Mental Health [3, 4]		
Inpatient	100% after deductible	70% of Maximum Allowable Fee
Inpatient Days per calendar year	45 total days (In and Out of Network)	
Outpatient	100% after deductible	70% of Maximum Allowable Fee
Outpatient Visits per calendar year	35 total visits (In and Out of Network)	
Non-Serious Mental Health ($10,000/Yr Max)		
Inpatient	100% after deductible	70% of Maximum Allowable Fee
Inpatient Days per calendar year	35 total days (In and Out of Network)	
Outpatient	100% after deductible	70% of Maximum Allowable Fee
Outpatient Visits per calendar year	35 total visits (In and Out of Network)	
Home Health Care [4]	100% after deductible	70% of Maximum Allowable Fee
Visits per calendar year	50 total visits (In and Out of Network)	
Skilled Nursing Facility [4]	100% after deductible	70% of Maximum Allowable Fee
Days per calendar year	15 total days (In and Out of Network)	
Other Services		
Manipulative Therapy ($100/visit to a $1,000 calendar year maximum)	100% after deductible	70% of Maximum Allowable Fee
Durable Medical Equipment ($5,000/yr maximum) [4]	100% after deductible	70% of Maximum Allowable Fee
TMJ ($1,000 calendar year maximum)	100% after deductible	70% of Maximum Allowable Fee
Transplants ($300,000 Lifetime maximum)	100% after deductible	No Coverage
Implants ($30,000 calendar year maximum)	100% after deductible	70% of Maximum Allowable Fee
Prescription Drug Rider -Retail [5] (RG/RD)	Subject to deductible, then $15 Generic/$35 Brand/$50 Non-Formulary	
Prescription Drug Rider -Mail Order (90 day supply) [5]	Subject to deductible, then $30 Generic/$70 Brand/$100 Non-Formulary	
Lifetime Maximum Benefit	$5,000,000	
Notes		

To be covered, expenses must be medically necessary. More information on medical necessity can be found in the Certificate of Coverage booklet.

[1] Out of Network Charges subject to Maximum Allowable Fee. Refer to Certificate of Coverage for details.

[2] Includes sickness or bodily injury which is life threatening or will significantly worsen without immediate medical or surgical treatment.

[3] No coverage for groups below 51 employees for Serious Mental Health, as per Illinois statute.

[4] Pre-certification is needed to receive these benefits. Failure to obtain pre-certification may result in reduced benefits.

[5] When a generic is available, but the pharmacy dispenses the brand name for any reason other than "DAW" by the physician, you will pay the difference between the brand name drug and the generic plus the generic copayment. After the first retail pharmacy refill, medications must be refilled through mail order. "Specialty" drugs are limited to a 30 day supply.

[6] This is a summary only. The Certificate of Coverage determines benefits provided.

02/01/07