



**WELLNESS PPO PLAN
2011 / 2012**

BENEFIT	WELLNESS PPO PLAN
MAJOR MEDICAL *	Deductible: \$500 Individual / \$1,000 Family Coinsurance: 90/10 Out-of-Pocket Max: \$500 per person + deductible
CALENDAR YEAR MAXIMUM PER PERSON	\$5,000,000
DOCTOR VISITS	\$20 Primary Care Physician Copay / \$40 Specialist Copay (Copays do not apply to deductible or out-of-pocket maximum)
IMMUNIZATIONS	Paid at 100%**
PREVENTIVE CARE FOR CHILDREN	Paid at 100%** - Covered as long as eligible
PREVENTIVE CARE FOR ADULTS	Paid at 100%**
OUTPATIENT X-RAY & LAB	Major Medical*
RADIATION THERAPY, CHEMOTHERAPY & SURGERY	Major Medical*
DURABLE MEDICAL EQUIPMENT	Major Medical*
AMBULANCE-GROUND/AIR	Major Medical*
PHYSICAL THERAPY	Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year.
CHIROPRACTIC	Major Medical* (Copay, if applicable.) Non-Par Providers limited to a combined maximum of 13 visits per year.

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ACUPUNCTURE	Major Medical* (Copay, if applicable.) Maximum of 12 visits per calendar year	
HOSPITAL INPATIENT	Major Medical* Unlimited days, semi-private room	
HOSPITAL EMERGENCY ROOM	\$75 co-pay Major Medical* (Copay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)	
HOME HEALTH CARE	Major Medical* Limited to 100 visits per calendar year	
HOSPICE	100%** of Covered Expense	
PRESCRIPTION DRUGS (CO-PAYMENTS)	<u>Retail</u> \$7 Generic \$25 Preferred \$40 Non-Preferred (30-day supply)	<u>Mail Order</u> \$15 Generic \$60 Preferred \$90 Non-Preferred (90-day supply)
<p>*Major Medical* - Deductible and coinsurance apply.</p> <p>**Explanation of Covered Expense:</p> <p>Plan payments are based on covered expense, which is the lesser of the charges billed by the provider or the following:</p> <p>PPO Providers - PPO negotiated rates. Members are not responsible for the difference between the provider's usual charges & the negotiated amount.</p> <p>Non-PPO Providers - For non-emergency services, the scheduled amount. For emergency services, same as other health care providers.</p> <p>Other Health Care Providers (includes those not represented in the PPO provider network) - The customary & reasonable charge for professional services or the reasonable charge for institutional services.</p> <p>When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay.</p> <p>All percentages are based on payments to preferred hospitals, physicians and other network providers.</p> <p>Mental Health Parity Effective October 1, 2010.</p> <p>Effective 10/1/11: 24/7 NURSELINE</p> <p>This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits.</p>		