

## 2010 PDRMA Health Program PPO Medical Plan Summary of Coverage

Medical Benefits	In-Network Benefit Lifetime Maximum \$5,000,000	Out-of-Network Benefit Lifetime Maximum \$5,000,000
Physician Office Visits	<b>No deductible</b> \$20 co-payment for general care physicians; \$30 co-payment for all other physicians. Balance paid at 100%	70% after deductible is met
Chiropractic Treatment (Limited to 10 visits per calendar year for out of network providers)	<b>No deductible.</b> \$30 co-payment; balance paid at 100%. Annual benefit limited to \$1,500 per person	70% after deductible is met. Annual benefit limited to \$750 per person
Emergency Accident/Illness Treatment	90% after deductible is met	70% after deductible is met
Inpatient Hospitalization	90% after deductible is met	70% after deductible is met
Other services while hospitalized	90% after deductible is met	70% after deductible is met
Outpatient Surgeon's Fee	90% after deductible is met	70% after deductible is met
Pregnancy	<ul style="list-style-type: none"> <li>▪ Initial office visit - \$20 co-payment; balance paid at 100%</li> <li>▪ Delivery Fee (includes prenatal and postnatal care) - 90% after deductible is met</li> <li>▪ Ultrasounds and Laboratory - \$20 copay; balance paid at 100%</li> </ul>	70% after deductible is met

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Physical and Occupational Therapy	No annual limit - coverage based on medical necessity 90% after deductible is met	No annual limit - coverage based on medical necessity 70% after deductible is met
Home Health Care (Limited to 40 visits per calendar year)	90% after deductible is met	70% after deductible is met
Hospice Care (Limited to 26 weeks per lifetime)	90% after deductible is met	70% after deductible is met
Organ Transplant	90% after deductible is met	70% after deductible is met
Other outpatient services including x-rays, durable medical equipment, lab tests, ambulance service	90% after deductible is met	70% after deductible is met
Inpatient Mental Health and Chemical Dependency Treatment (Limited to 60 days lifetime; no annual limit)	90% after deductible is met	70% after deductible is met
Outpatient Mental Health and Chemical Dependency Treatment - Psychotherapy / Office visits (No annual limit, no lifetime limit) coverage based on medical necessity	With pre-approval - \$30 co-payment; balance paid at 100%  Without pre-approval - 70% after deductible is met	With pre-approval - \$30 co-payment; balance paid at 100%  Without pre-approval - 70% after deductible is met

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All Other Outpatient Mental Health and Chemical Dependency Treatment (No annual limit, no lifetime limit) coverage based on medical necessity	With pre-approval - 90% after deductible is met  Without pre-approval - 70% after deductible is met	With pre-approval - 90% after deductible is met  Without pre-approval - 70% after deductible is met
Diagnostic Testing - MRI/CT Scan	<u>PHCS Network</u> : 90% after deductible  <u>Medlink Health Network</u> : <b>No deductible</b> ; 90%	70% after deductible is met
<b>Wellness Benefits</b> Annual Routine Physical Exam at physician of your choice	<b>No deductible; No annual limit</b> \$20 co-payment; balance paid at 100%	<b>No deductible; No annual limit</b> \$20 co-payment; balance paid at 100%
Routine Colonoscopy	<b>No deductible</b> ; Coverage provided at 90% when pre-certified	70% after deductible is met
Smoking Cessation Benefit	\$250 reimbursement for the cost of FDA approved nicotine replacement therapy when combined with a smoking cessation program or behavior modification program.	
Nutritional Counseling Benefit	\$250 reimbursement for costs associated with services by a Licensed Dietician and when accompanied by a letter of medical necessity from your physician.	
Well Baby Visit (birth - 12th month) including vaccinations	<b>No annual dollar limit, coverage based on medical necessity</b> <b>No deductible</b> ; \$20 co-payment; balance paid at 100%	