

**SCHEDULE OF BENEFITS**

**ELECT PREMIERE 2500**

**MAXIMUM LIFETIME BENEFIT** ..... \$2,000,000

**ANNUAL DEDUCTIBLE** .....\$2,500 per person / \$7,500 per family

The above stated deductible amounts apply to the period of January 1 to December 31 of each year. The deductible is an amount of covered medical expenses the member pays before the plan’s benefits begin. The deductible applies to all services and supplies except those indicated with a bullet (●).

**OUT-OF-POCKET LIMIT**

Participating Provider.....\$5,000 per person per calendar year

Nonparticipating Provider.....\$10,000 per person per calendar year

The above stated out-of-pocket limit amounts apply to the period of January 1 to December 31 of each year. Only participating provider expense applies to the participating provide out-of-pocket limit and only nonparticipating provider expense applies to the nonparticipating out-of-pocket limit. Once the participating provider out-of-pocket limit has been met, this plan will pay 100% of participating providers’ covered charges for the individual for the rest of that calendar year. Once the nonparticipating provider out-of-pocket limit has been met, this plan will pay 100% of nonparticipating providers’ covered charges for the individual for the rest of the calendar year. Deductible expense is applied toward the out-of-pocket limit. Prescription drug charges, benefits paid in full, and charges for services of nonparticipating providers in excess of the allowable fee do not accumulate toward the out-of-pocket limit amount.

**ADDITIONAL ACCIDENT BENEFIT**.....\$5,000

The first \$5,000 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible. The balance is covered as shown below.

<b>SERVICE:</b>	<b>COPAY:</b>	<b>PARTICIPATING PROVIDER BENEFIT AFTER COPAY:</b>	<b>NONPARTICIPATING PROVIDER BENEFIT AFTER COPAY:</b>
<b>PREVENTIVE CARE</b>			
● Well Baby Care	\$25	100%	60%
● Routine Physicals	\$25	100%	60%
● Routine Gynecological Exams	\$25	100%	60%
● Immunizations	\$25	100%	60%
<b>PROFESSIONAL SERVICES</b>			
● Office and Home Visits	\$25	100%	60%
● Urgent Care Center Visits	\$25	100%	60%
Surgery		80%	60%
● Naturopathic Care	\$25	100%	60%
● Chiropractic Manipulation and Acupuncture (15 visits per calendar year)	\$25	100%	60%
<b>MATERNITY CARE</b>			
Physician Services		80%	60%
Hospital Services		80%	60%
<b>HOSPITAL SERVICES</b>			
Inpatient Room and Board		80%	60%
Inpatient Rehabilitative Care		80%	60%
Skilled Nursing Facility Care		80%	60%
<b>OUTPATIENT SERVICES</b>			
Outpatient Surgery/Services		80%	60%
Diagnostic and Therapeutic Radiology and Lab		80%	60%
CT/PET Scans, CATH Labs and MRIs		80%	60%

<b>SERVICE:</b>	<b>COPAY:</b>	<b>PARTICIPATING PROVIDER BENEFIT AFTER COPAY:</b>	<b>NONPARTICIPATING PROVIDER BENEFIT AFTER COPAY:</b>
*Emergency Room Visits	\$100	80%	60%
<b>OTHER COVERED SERVICES</b>			
Physical Therapy (20 visits per calendar year.)		80%	60%
Allergy Injections		80%	60%
Ambulance, Ground (300 miles per calendar year)		80%	60%
Ambulance, Air (\$6,000 per calendar year)		80%	60%
Durable Medical Equipment (\$7,500 lifetime max.)		80%	60%
Home Health Care		80%	60%
Hospice or Respite Care (\$10,000 lifetime max.)		80%	60%
Inpatient Mental Health (\$1,000 lifetime max.)		80%	60%
Transplant Services (subject to exclusion period and lifetime max.)		80%	Lesser of 50% of billed amount or \$100,000
<b>Vision Services</b>			
•Routine Vision Exam (one exam every two calendar years)	\$25	100%	60%
•Vision Hardware (\$200 max. every two calendar years)		100%	100%
<b>Prescription Drugs</b>			
•Generic Drugs	\$15	100%	Not covered
•Brand Name Drugs		50%	Not covered

• Not subject to deductible.

\* Copay waived if admitted into hospital.

*Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Although participating providers accept the fee allowance as payment in full, nonparticipating providers may not. Services of nonparticipating providers could result in out-of-pocket expense in addition to the percentage indicated.*