

# Benefits Summary



**Small Group PPO 100/70**

Benefits	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	Options
Co-payment Deductible	\$10, \$20, \$30 N/A	Individual \$250 \$500 \$1,000 \$2,500 Family \$500 \$1,000 \$2,000 \$5,000	
Coinsurance	N/A	30%	
Maximum Out of Pocket	Individual \$1,100 \$1,200 \$1,350 \$1,850 Family \$2,200 \$2,400 \$2,700 \$3,700	Individual \$3,250 \$3,500 \$4,000 \$5,500 Family \$6,500 \$7,000 \$8,000 \$11,000	
Lifetime Maximum Dependent Children	Unlimited To age 19; full-time students to age 23	Unlimited To age 19; full-time students to age 23	
<b>Home/Office/Outpatient Care</b>	<b>Member Pays</b>	<b>Member Pays</b>	
Home/Office Visit Co-payment	Co-payment option selected	Deductible and coinsurance	
Preventive Care (Including Annual Physical Exam and Well-Woman Care)	Co-payment option selected	Deductible and coinsurance waived. Limited to \$500 per calendar year.	
Well-Child Care (includes necessary immunizations)	Co-payment option selected	Deductible and coinsurance waived. (\$750 per Covered Person for a Covered Dependent child until the end of the calendar year in which the Dependent child attains the age 1. \$500 per Covered Person for all other Covered Persons.)	
Emergency Room/Facility	\$50 co-payment (waived if admitted within 24 hours)	\$50 co-payment (waived if admitted within 24 hours)	
Surgery, Presurgical Testing, Anesthesia	Co-payment option selected	Deductible and coinsurance	
Maternity Care	\$0	Deductible and coinsurance	
Laboratory Tests, X-rays	Co-payment option selected	Deductible and coinsurance	
MRI/MRA, <sup>3</sup> PET/CAT Scans, <sup>3</sup> and Nuclear Cardiology <sup>3</sup>	Co-payment option selected	Deductible and coinsurance	
Allergy Testing & Treatment	Co-payment option selected	Deductible and coinsurance	
Therapeutic Manipulation <sup>4</sup> (up to 30 visits per calendar year)	Co-payment option selected	Deductible and coinsurance	
Home Healthcare <sup>5</sup> (unlimited medically necessary days)	\$0	Deductible and coinsurance	
Home Infusion Therapy <sup>5</sup>	Co-payment option selected	Deductible and coinsurance	
Hospice Care <sup>5</sup> (unlimited medically necessary days)	\$0	Deductible and coinsurance	
Nutritional Counseling <sup>5</sup>	Co-payment option selected	Deductible and coinsurance	
Physical Therapy <sup>5</sup>	Co-payment option selected	Deductible and coinsurance	
Occupational Therapy <sup>5</sup> (Physical Therapy and Occupational Therapy are limited to 30 days per calendar year combined, both in and out of network.)	Co-payment option selected	Deductible and coinsurance	
Cognitive Rehabilitation Therapy	Co-payment option selected	Deductible and coinsurance	
Speech Therapy (Cognitive Rehabilitation Therapy and Speech Therapy are limited to 30 days per calendar year combined, both in and out of network.)	Co-payment option selected	Deductible and coinsurance	
Second Surgical Opinion	\$0	Deductible and coinsurance waived	

1. A network provider delivers care.  
 2. Subject to balance billing over allowed amount. Out-of-network services are those from a provider that does not participate with WellChoice. (This does not apply to emergency benefits.) Charges over WellChoice's allowed amount are not included in the Coinsurance Charge Limit.  
 3. It is the provider's responsibility to call our Medical Management Program for precertification of all in-network PET/CAT scans, MRIs/MRAs and Nuclear Cardiology services. It is your responsibility to call our Medical Management Program for precertification of out-of-Network MRI/MRA services.  
 4. It is your provider's responsibility to call our Medical Management Program for precertification of all in-network therapeutic manipulation.  
 5. Precertification by our Medical Management Program is required or penalties will apply.  
 6. Precertification by our Behavioral Healthcare Management Program is required or penalties will apply.

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<b>Benefits</b>	<b>In-Network<sup>1</sup></b>	<b>Out-of-Network<sup>2</sup></b>	<b>Options</b>
<b>Inpatient Care<sup>3</sup></b>	<b>Member Pays</b>	<b>Member Pays</b>	
Inpatient Hospital (as many days as is medically necessary; semi-private room and board; provider visits included)	\$0	Deductible and coinsurance	
Surgery, Surgical Assistants, Anesthesia	\$0	Deductible and coinsurance	
<b>Mental Healthcare</b>			
Biologically-based Mental Healthcare Outpatient Inpatient <sup>6</sup>	(treated as any other illness) Co-payment option selected \$0	Deductible and coinsurance Deductible and coinsurance	
Nonbiologically-based Mental Healthcare Outpatient (up to 20 visits per calendar year) Inpatient (up to 30 days per calendar year)	Co-payment option selected \$0	Deductible and coinsurance Deductible and coinsurance	
<b>Substance Abuse Treatment<sup>4</sup></b>			
Outpatient (up to 20 visits per calendar year)	Co-payment option selected	Deductible and coinsurance	
Inpatient (up to 30 days per calendar year)	\$0	Deductible and coinsurance	
<b>Alcohol Abuse Treatment</b>			
Outpatient	Co-payment option selected	Deductible and coinsurance	
Inpatient <sup>6</sup>	\$0	Deductible and coinsurance	
<b>Other Benefits &amp; Services</b>			
Prescription Drugs <sup>7</sup>	\$15 co-payment per prescription (retail pharmacy or mail order) 1 co-payment per 30-day supply		Prescription Drug Riders: Options
Medical Supplies	\$0	Deductible and coinsurance	Retail Co-pays (per 30-day supply)
Durable Medical Equipment <sup>5</sup>	\$0	Deductible and coinsurance	Mail-Order Co-pays (up to a 90-day supply)
Prosthetics & Orthotics <sup>5</sup>	\$0	Deductible and coinsurance	1. \$15 (generic/brand) \$0/\$5 (generic/brand) 1 co-pay per 30 days
Ambulance	\$0	Deductible and coinsurance	2. \$5/\$10 (generic/brand) \$0/\$5 (generic/brand) 1 co-pay per 90 days
			3. \$10/\$20/\$30 (generic/brand/non-formulary) same as retail 1 co-pay per 30 days
			4. \$10/\$25/\$50 (generic/brand/non-formulary) same as retail 1 co-pay per 30 days
			Note: Options 3 & 4 are available with a \$0, \$100 or \$150 deductible per person per year.

(7) All of the prescription drug plan options listed on this Benefit Summary meet the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.

**Note:** This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the benefits certificate or contract. Failure to comply with our Medical Management Program or Behavioral Healthcare Management Program requirements could result in benefit reductions or denial of benefits.