

### Summary of Medical Benefits

3.3 This Summary of PPO Medical Benefits provides an overview of the PPO Medical Benefits available to you. Please refer to the subsequent pages for a more detailed description of Covered Services, limitations and exclusions. Items listed in the Summary as covered at 100% after the Out-of-Pocket Maximum is met are only covered at 100% if exclusions in Definitions (aa) do not apply.

SUMMARY OF PPO MEDICAL BENEFITS (Effective as of January 1, 2009)		
Benefits	In-Network	Out-of-Network
	<i>Note:</i> Refers to the percentage of Allowable Charge	
<b>Deductible</b>		
Individual	None	\$300
Family	None	\$600
<b>Payment Level/Coinsurance</b>	90%	70% after Deductible
	until Out-of-Pocket Maximum is met, then 100%	until Out-of-Pocket Maximum is met, then 100%
<b>Out-of-Pocket Maximum</b>		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
<b>Lifetime Maximum</b>	\$5,000,000	
	Combines both In and Out-of-Network Benefits	
<b>Physician Office Visits</b>	100% after \$15 Copay	70% after Deductible
<b>Preventive Care</b>		
<i>Adult</i>		
Routine physical exams	100%	70% after Deductible
Routine GYN exams including a PAP Test	100%	70%
Mammograms as required	100%	70% after Deductible
<i>Pediatric</i>		
Routine physical exams	100%	70% after Deductible
Pediatric immunizations	100%	70%
<b>Emergency Room Services</b>		
Physician Services	100%	70% after Deductible
Facility Charges	100% after \$40 Copay (waived if you are admitted)	
<b>Ambulance Service*</b>	100%	
<b>Hospital Services</b>		
Inpatient	90%	70% after Deductible
Outpatient	90%	70% after Deductible
<b>Hearing Aids/Exams</b>	100%	
	Limit: \$1,500 per ear per 36 month period	
<b>Maternity</b>	90%	70% after Deductible
<b>Infertility counseling, testing and treatment</b>	90%	70% after Deductible
<b>Assisted Fertilization Procedures</b>	Excludes all assisted fertilization procedures	
<b>Medical/Surgical Services</b> (except office visits)	90%	70% after Deductible
<b>Spinal Manipulations</b>	100% after \$15 Copay	70% after Deductible
	Combined Limit: 18 visits per calendar year	

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(Effective as of January 1, 2009)

Benefits	In-Network	Out-of-Network
	<i>Note:</i> Refers to the percentage of Allowable Charge	
<b>Simple Diagnostic Services</b> (Lab, X-ray, Standard Imaging, and other tests)	100%	
<b>Advanced Imaging</b> (CT Scan, CTA, MRI, MRA, PET Scan, PET/CT Scan)	90%	70% after Deductible
<b>Physical Therapy</b>	100% after \$15 Copay	70% after Deductible
	Combined Limit: 60 visits per calendar year combined with Occupational Therapy	
<b>Occupational Therapy</b>	100% after \$15 Copay	70% after Deductible
	Combined Limit: 60 visits per calendar year combined with Physical Therapy	
<b>Speech Therapy</b>	100% after \$15 Copay	70% after Deductible
	Combined Limit: 20 visits per calendar year	
<b>Durable Medical Equipment, Orthotics and Prosthetics</b>	90%	70% after Deductible
<b>Skilled Nursing Facility Services</b>	90%	70% after Deductible
	Combined Limit: 100 days per calendar year	
<b>Private Duty Nursing</b>	90%	
	\$10,000 per calendar year	
<b>Home Health Care</b>	90%	70% after Deductible Limit: 30 visits per calendar year
<b>Hospice</b>	100%	
<b>Transplant Services</b>	90%	70% after Deductible
<b>Mental Health</b>		
<i>Inpatient</i>	90%	50% after Deductible
	Limit: 45 days per calendar year	
<i>Outpatient</i>	100% after \$15 Copay	70% after Deductible
	Limit: 50 visits per calendar year	
<b>Substance Abuse</b>		
<i>Inpatient</i>	90%	70% after Deductible
	Detoxification: 7 days per admission and two admissions per lifetime	
	Rehabilitation: 45 days per calendar year and two admissions per lifetime	
<i>Outpatient</i>	100% after \$15 Copay per initial visit; 100% thereafter	70% after Deductible
	Limit: 50 visits per calendar year	Limit: 10 visits per calendar year
<b>Other Covered Services</b>	90%	70% after Deductible
<b>Precertification Requirements</b>	Performed by Member (See paragraphs 3.11 - 3.15)	

***Out-of-Pocket Maximum***

- 3.4 The "Out-of-Pocket Maximum" protects you against extremely high out-of-pocket medical expenses. See Definitions 1.0(aa) for a detailed explanation.

***Blue Cross Blue Shield Identification***

- 3.5 When you elect PPO Medical Benefits under this Section 3 for the first time, you will be issued a new Blue Cross Blue Shield Identification ("ID") Card. It is recommended that you carry your ID card with you at all times and destroy any previously issued cards.

- 3.6 When you or one of your Eligible Dependents receives health care services:

- show your ID card to the hospital, physician, or other professional health care providers; and
- ask the provider to file a Claim for you.