

A PPO, or Preferred Provider Organization, offers two levels of benefits. If you receive services from a provider who is in the PPO network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care. Below are specific benefit levels.

Summary of Pre Medicare PPO Benefits***Effective 1/1/2013**

Benefit	In-Network	Out-of-Network
Deductible - Individual Family	None None	\$300 \$600
Payment Level/Coinsurance	80% until out-of-pocket maximum is met, then 100%	70% (after deductible) until out-of-pocket maximum is met, then 100%
Out-of-Pocket Maximums <i>(includes all copayments and deductibles; The in-network and out-of-network out-of-pocket limits are separate and do not accumulate towards each other)</i>	\$1,500 Individual \$3,000 Family	\$2,000 Individual \$4,000 Family
Lifetime Maximum	\$5,000,000 Combines both in and out of network benefits	
Physician Office Visits	100% after \$25 copayment	70% after deductible
Preventive Care – Adult		
-Routine physical exams	100% after \$25 copayment	70% after deductible
-Routine gynecological exams, including a PAP Test	100% after \$25 copayment	70% after deductible
-Mammograms, as required	100%	70% after deductible
Pediatric		
-Routine physical exams	100% after \$25 copayment	70% after deductible
-Pediatric immunizations	100%	70% after deductible
Hearing Aids/Exam	100% Limit: \$1,500 per ear per 36 month period	
Emergency Room Services - Physician Services	100%	70% after deductible
Facility Charges	100% After \$40 Copay (waived if admitted)	
Ambulance	100%	
Hospital Expenses - Inpatient	80%	70% after deductible
Outpatient	80%	70% after deductible
Maternity	80%	70% after deductible
Infertility counseling, testing and treatment Ⓢ	80%	70% after deductible
Assisted Fertilization Procedures	Not Covered	
Medical/Surgical Expenses (except office visits)	80%	70% after deductible
Spinal Manipulations	100% after \$25 copayment	70% after deductible
	Combined limit: 18 visits per calendar year	
Diagnostic Services (Lab, X-Ray and other tests)	80%	70% after deductible
Physical Therapy	100% after \$25 copayment	70% after deductible
	Combined limit: 60 visits per calendar year combined with Occupational Therapy	
Speech Therapy	100% after \$25 copayment	70% after deductible
	Combined limit: 20 visits per calendar year	
Occupational Therapy	100% after \$25 copayment	70% after deductible
	Combined limit: 60 visits per calendar year combined with Physical Therapy	
Durable Medical Equipment, Orthotics and Prosthetics	80%	70% after deductible
Skilled Nursing Facility Care	80%	70% after deductible
	Combined Limit: 100 days per calendar year	
Private Duty Nursing	80%	

