|  |  |
| --- | --- |
| **Benefit – Per Plan Year** |  |
| Deductible | N/A |
| Member Co-Insurance | N/A |
| Out of Pocket Maximum (Inc. Deductible) | N/A |
|  | |
| **Prescription Drug** | |
| Generic | Plan pays 100% after $5 co-pay; Limit 12 prescriptions per Plan Year |
| Brand | Not Covered |
| Non-Preferred | Not Covered |
| Specialty | Not Covered |
|  | |
| **Physician Based Services - Medical** | |
| Primary Care / Specialist Office Visits | Plan Pays 100%; Limit 6 visits per year |
| Preventive Care – Adult, Infant, Pediatric  Limit 1 visit per year – women may obtain additional GYN visit per year | Plan pays 100% |
| **Physician Based Outpatient Services** | |
| Mental Health | Not Covered |
| Substance Abuse | Not Covered |
| Urgent Care | Not Covered |
| **Inpatient Services** | |
| Inpatient Hospital Stay:  Room and Board; Drugs and Medication; Anesthesia and ICU; Maternity Stay, Inpatient Lab; Skilled Nursing; Pre-Surgical/Pre-Admission Testing | Plan pays 100%; Limit 5 Days Per Plan Year |
| **Emergency Services** | |
| Emergency Care – | Plan pays 100%; Limit 5 visits per Plan Year |
| **Outpatient Services** | |
| Outpatient Surgery | Not Covered |
| **Lab and Radiology** | |
| Lab and Pathology  X-Rays / Radiology / MRI / CAT / PET | Plan pays 100% - Limit 5 visits per Plan Year |

**Network Utilization:** MultiPlan PHCS Practitioner and Ancillary network

Prescription Drug utilizes MedTipster participating pharmacies

**Excluded Services**

In addition to exclusions listed in the Summary Plan Document, the following services are excluded from coverage under the Plan:

* Acupuncture
* Advanced Infertility Services including Artificial Insemination and InVitro Fertilization
* Allergy Testing
* Bariatric Surgery
* Chemotherapy
* Chiropractic Care
* Cosmetic Surgery
* Dental Care (Routine)
* Dermatology
* Dialysis / Hemodialysis
* Durable Medical Equipment
* Emergency Medical Transport / Ambulance
* Foot Care (Routine)
* Hearing Aids
* Home Health Care
* Hospice
* Maternity Care coverage for dependent daughters
* Private Duty Nursing
* Skilled Nursing Care
* Therapy Services – (Physical, Occupational, Speech, Radiation)
* TMJ Treatment
* Vision Hardware (limited coverage on examination)
* Voluntary Sterilization