

Highlights

Preventive Care rendered by an In-Network health care professional is covered at 100%. When the doctor bills your visit as preventive care, your PCA will not be used.

Professional Services by physicians (including specialists) or urgent care centers such as: office or outpatient visits, office or outpatient consultations or second surgical opinions.

	In-Network	Out-of-Network
You Pay	20% of Plan allowance	50% of Plan allowance And any difference between our allowance and the billed amount

*Your PCA must be used first and your deductible satisfied before traditional benefits will apply.
Your deductible applies to all benefits listed above.*

Labs, X-rays, and Other Diagnostic Tests

	In-Network	Out-of-Network
You Pay	20% of Plan allowance	50% of Plan allowance And any difference between our allowance and the billed amount

*Your PCA must be used first and your deductible satisfied before traditional benefits will apply.
Your deductible applies to all benefits listed above. (Not covered - Routine tests except as listed in the official brochure under Preventive Care, Section 5.)*

Maternity Care such as: routine prenatal visits, delivery, routine postnatal visits, amniocentesis, anesthesia related to delivery or amniocentesis, group B streptococcus infection screening, sonograms and fetal monitoring.

	In-Network	Out-of-Network
You Pay	20% of Plan allowance	50% of Plan allowance And any difference between our allowance and the billed amount

*Your PCA must be used first and your deductible satisfied before traditional benefits will apply.
Your deductible applies to all benefits listed above.*

Physical, Speech, and Occupational Therapies: A combined total of 50 rehabilitative and habilitative visits per calendar year for treatment provided by a licensed registered therapist or physician for the following: Physical Therapy, Occupational Therapy and Speech Therapy. *(The Attending Physician must order the care, identify the specific skills the patient requires and the medical necessity for skilled services, and indicate the length of time the services are needed.)*

	In-Network	Out-of-Network
You Pay	20% of Plan allowance <i>(All charges after 50 max visits have been met)</i>	50% of Plan allowance And any difference between our allowance and the billed amount <i>(All charges after 50 max visits have been met)</i>

*Your PCA must be used first and your deductible satisfied before traditional benefits will apply.
Your deductible applies to all benefits listed above.*