

SCHEDULE OF BENEFITS

<i>Benefit</i>	<i>Member Cost</i>
Allergy Testing	\$20
Allergy Treatment	None
Ambulance	\$100/trip
Annual Physical Exam at PCP (Primary Care Physician)	\$10
Annual Well Woman Visit at OB/GYN, includes:	\$10
1. Pap Smear	
2. Pelvic Exam	
Cardiac Rehabilitation at freestanding outpatient facility	\$20 per visit, maximum 60 days per year
Cardiac Rehabilitation as hospital outpatient	\$50 per visit, maximum 60 visits per year
Chiropractor	\$20 per visit, maximum of 24 visits per year
Cleft Lip and Palate: includes: -speech therapy and nutrition services (covered child under 18)	SAAI
Complications of Pregnancy	SAAI
Contraceptive, Oral Generic	\$10
Contraceptive, Oral Brand	\$20
Deductible per year	None
Dental	See Attached Dental Benefit Schedule
Dental procedures and anesthesia - (covered child under 8, in hospital only)	SAAI
Dermatologist	\$20 per visit maximum of 5 visits per year w/o a referral
Diagnostic Services:	Applicable co-pay per service
1. CT Scan	\$150
2. MRI	\$200
3. Mammogram at a free-standing Radiology center	None
4. Nuclear Medicine	\$200
5. PET Scan	\$300
6. Ultrasound	\$100
7. EKG, etc	None
8. Laboratory	None
9. X-Ray, not otherwise specified	\$20
Durable Medical Equipment	\$20 co-pay, \$1000 max. per year* *max. per year does not apply to diabetic equipment
Emergency Room Participating Hospital	\$100 co-pay (waived if admitted to hospital)
Emergency Room Non-Participating Hospital	\$150 co-pay (waived if admitted to hospital)
Hearing, Routine Exam (under 18, included in annual physical)	\$20 (max 1 time per year)
Home Health Care	\$10 per day, 60 days max. per year
Hospice Facility, In-Patient	\$100 per day, for the first 2 days per admission
Hospice Out Patient	\$25 per visit
Hospital Deductible	None
Hospital, Participating - Inpatient	\$100 per day, for the first 2 days per admission
Hospital Non Par In Service Area - Inpatient	\$200 per day for the first 4 days per admission
Hospital Outpatient	\$100 per visit
Immunization (Hepatitis B not covered except for child under 18)	Included in PCP Office Visit

