

MEDICAL BENEFIT SUMMARY

POLICY INFORMATION

Group Policy Name: CITY OF ALBANY- PREFERRED
 Group Policy Number: 0848
 Plan Name/Type: 2410

EMPLOYEE ELIGIBILITY AND PARTICIPATION REQUIREMENTS

Minimum Hour Requirement: TWENTY (20) HOURS
 Waiting Period for New Employees: PER EMPLOYER POLICY

SCHEDULE OF BENEFITS

Maximum Lifetime Benefit..... \$2,000,000

Annual Deductible..... \$100 per person / \$300 per family

The deductible is an amount of covered medical expenses the member pays each calendar year before the plan's benefits begin. The deductible applies to all services and supplies except those marked with a bullet(•).

Out-of-Pocket Limit..... \$500 per person / \$1,500 per family per calendar year

Once the participating provider out-of-pocket limit has been met, this plan will pay 100% of covered charges for participating, network not available, and nonparticipating providers for the rest of that calendar year. Benefits paid in full, charges in excess of UCR, and nonparticipating provider charges in excess of the PacificSource fee allowance do not accumulate toward the out-of-pocket limit. Nonparticipating provider charges in excess of the PacificSource allowable fee will continue to be the member's responsibility even after the out-of-pocket limit is met.

Additional Accident Benefit..... \$500

Covered Expense within 90 days of an accident are paid at 100% and are not subject to the deductible. The balance is covered as shown below.

SERVICE:	PARTICIPATING PROVIDER/ NETWORK NOT AVAILABLE BENEFIT:	NONPARTICIPATING PROVIDER BENEFIT:
PREVENTIVE CARE		
Well Baby Care	90%	80%
Routine Physicals	90%	80%
• Routine Gynecological Exams	100% after \$15 copay per visit	80% after \$15 copay per visit
Immunizations	90%	80%
PROFESSIONAL SERVICES		
Office and Home Visits	90%	80%
Urgent Care Center Visits	90%	80%
Surgery, At Hospital	90%	80%
Hospital Visits	90%	80%
HOSPITAL SERVICES		
Inpatient Room and Board	90%	90%
Inpatient Rehabilitative Care	90%	90%
Skilled Nursing Facility Care	90%	90%
OUTPATIENT SERVICES		
Outpatient Surgery	90%	90%
CT Scans and MRIs	90%	80%
Diagnostic / Therapeutic Radiology & Lab	90%	80%
* Emergency Room Visits	90% after \$25 copay per visit	90% after \$25 copay per visit
MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES		
Office Visits	90%	80%
Inpatient Care	90%	90%
Residential Programs	90%	90%

* In true medical emergencies, nonparticipating providers are paid at the participating provider level.
 • Not subject to the annual deductible.

SERVICE:	PARTICIPATING PROVIDER/ NETWORK NOT AVAILABLE BENEFIT:	NONPARTICIPATING PROVIDER BENEFIT:
OTHER COVERED SERVICES		
Physical Therapy	90%	80%
Allergy Injections	90%	80%
Ambulance, Ground	80%	80%
Ambulance, Air	80%	80%
Durable Medical Equipment	80%	80%
Home Health Care	80%	80%
Chiropractic Manipulations (max 12 visits/yr)	\$15 max. per visit	\$15 max. per visit
PRESCRIPTION DRUGS		
Generic Drugs	100% after \$7 copay	80% after deductible
Formulary Brand Name Drugs	100% after \$14 copay	80% after deductible
Non Formulary Drugs	100% after \$21 copay	80% after deductible

Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Although participating providers accept the fee allowance as payment in full, nonparticipating providers may not. Services of nonparticipating providers could result in out-of-pocket expense in addition to the percentage indicated. Network Not Available payment is allowed when PacificSource has not contracted with providers in the geographical area of the member's residence or work for a specific service or supply. Payment to providers for Network Not Available is based on the usual, customary, and reasonable charge for the geographical area in which the charge is incurred. For more information, refer to the Payment to Providers section in the proposal or member benefit handbook.

- * *In true medical emergencies, nonparticipating providers are paid at the participating provider level.*
- *Not subject to the annual deductible.*