



SUMMARY OF BENEFITS⁶ - SO40

	In-Network	Out-of Network¹
Annual Deductible		
Individual	\$0	\$1,500
Family	\$0	\$4,500
Co-Insurance	100%	50% of Maximum Allowable Fee
Maximum Out of Pocket		
Individual (does not include deductible)	\$0	\$4,500
Family (does not include deductible)	\$0	\$13,500
Facility Charges⁴		
Inpatient Copay per admission	\$250	50% of Maximum Allowable Fee
Outpatient Copay	\$50/visit	50% of Maximum Allowable Fee
Emergency Care²		
Ambulance (\$2,500 calendar year maximum)	\$100	\$100 Subject to Maximum Allowable Fee
Emergency Room Copay	\$100	\$100 Subject to Maximum Allowable Fee
Physician Office Visit	\$20	50% of Maximum Allowable Fee
Preventive Care (\$500 calendar year maximum)	\$0 co-pay	No Coverage
Serious Mental Health^{3,4}		
Inpatient Copay per admission	\$250	50% of Maximum Allowable Fee
Inpatient Days per calendar year	45 total days (In and Out of Network)	
Outpatient	\$100 co-pay	50% of Maximum Allowable Fee
Outpatient Visits per calendar year	60 total visits (In and Out of Network)	
Non-Serious Mental Health (\$10,000/Yr Max)		
Inpatient Copay per admission	\$250	50% of Maximum Allowable Fee
Inpatient Days per calendar year	35 total days (In and Out of Network)	
Outpatient	\$100 co-pay	50% of Maximum Allowable Fee
Outpatient Visits per calendar year	35 total visits (In and Out of Network)	
Home Health Care⁴	\$100 co-pay	50% of Maximum Allowable Fee
Visits per calendar year	50 total visits (In and Out of Network)	
Skilled Nursing Facility⁴	\$100 co-pay	50% of Maximum Allowable Fee
Days per calendar year	15 total days (In and Out of Network)	
Other Services		
Manipulative Therapy (\$100/visit to a \$1,000 calendar year maximum)	\$25 co-pay	50% of Maximum Allowable Fee
Durable Medical Equipment (\$5,000/yr maximum) ⁴	\$100 co-pay	50% of Maximum Allowable Fee
Transplants (\$300,000 Lifetime maximum) ⁴	\$100 co-pay	No Coverage
Prescription Drug Rider -Retail⁵	See Attached	
Prescription Drug Rider -Mail Order (90 day supply) ⁵	See Attached	
Lifetime Maximum Benefit	\$2,000,000	
Notes		

To be covered, expenses must be medically necessary. More information on medical necessity can be found in the Certificate of Insurance booklet.

¹ Out of Network Charges subject to Maximum Allowable Fee. Refer to Certificate of Insurance for details.

² Includes sickness or bodily injury which is life threatening or will significantly worsen without immediate medical or surgical treatment.

³ No coverage for groups below 51 employees for Serious Mental Health, as per Illinois statute.

⁴ Pre-certification is needed to receive these benefits. Failure to obtain pre-certification may result in reduced benefits.

⁵ When a generic is available, but the pharmacy dispenses the brand name for any reason, you will pay the difference between the brand name drug and the generic plus the generic copayment. After the first retail pharmacy refill, medications must be refilled through mail order. "Specialty" drugs are limited to a 30 day supply.

⁶ This is a summary only. The Certificate of Insurance determines benefits provided.