

You are responsible for knowing the benefits and provisions of your Policy. Please read all documents carefully.

The following apply to all treatments, services and supplies:

- You and your covered dependents named on the Physicians Plus Insurance Corporation (Physicians Plus) identification (ID) card issued with the policy are covered for treatments, services and supplies as described in the policy, subject to the terms conditions and provisions of the policy.
- The benefits in this policy are subject to the following provisions: This Schedule of Benefits indicates what you pay for covered services; please consult your Medical Certificate for benefit details; services not covered, or beyond benefit maximums, are the member's responsibility and will not apply to the Policy Deductible.

	In Network	Out of Network
Policy Deductible	\$500 single/\$1,000 family	\$1,000 single/\$2,000 family
Policy Coinsurance	None	20%
Policy Maximum Out of Pocket (MOOP)	\$500 single/\$1,000 family	\$2,000 single/\$4,000 family
Policy Lifetime Maximum	\$2,000,000 combined (In and Out of Network)	
Qualified Maximum Dependent Age	18/27 DOB	

OUTPATIENT SERVICES		
	In Network, You Pay	Out of Network, You Pay
Child Office Visits (Ages 0–17)		
Office Visit & Well Child Exam (each visit)	\$25	Deductible then 20%
Immediate/Urgent Care	\$25	Deductible then 20%
*Behavioral Health (BH) & Alcohol or Other Drug Abuse (AODA)	\$25	Deductible then 20%
Hearing & Vision Exam (each visit)	\$25	Deductible then 20%
Chiropractic Exam	\$25	Deductible then 20%
Allergy Testing & Injections	Deductible	Deductible then 20%
Immunizations: Age 0–6	\$0	Deductible then 20%
Immunizations: Age 7–17	Deductible	Deductible then 20%
Adult Office Visit (Age 18+)		
Office Visit/(Routine Exam) (each visit)	\$25	Deductible then 20%
Immediate/Urgent Care	\$25	Deductible then 20%
*Behavioral Health (BH) & Alcohol or Other Drug Abuse (AODA)	\$25	Deductible then 20%
Hearing Exam & Vision Exam (each visit)	\$25	Deductible then 20%
Chiropractic Exams	\$25	Deductible then 20%
Allergy Testing & Injections	Deductible	Deductible then 20%
Pre/Post-natal Maternity Care	Deductible	Deductible then 20%
Routine Mammograms	Deductible	Deductible then 20%
Emergency Services		
Emergency Room Services (copay waived if admitted)	\$100	Deductible then 20%
Air Ambulance \$25,000 per occurrence.	Deductible	Deductible then 20%
Ground Ambulance	Deductible	Deductible then 20%
Infertility/Conception Services		
Diagnosis & Treatment Up to \$2,000 (In & Out of Network combined) per member per lifetime. Coinsurance does not apply to Policy MOOP.	50% of Covered Services then Balance of Charges	Deductible then 50% of Cov. Services & Balance of Charges
Therapies: Physical, Occupational & Speech Up to 50 combined visits.		
0–5 visits	Deductible	Deductible then 20%
6 or more visits	Deductible	Deductible then 20%
Cardiac Rehabilitation Phase II 18 weeks up to 36 visits.	Deductible	Deductible then 20%

OUTPATIENT/AMBULATORY & *INPATIENT SURGERY & SERVICES		
	In Network, You Pay	Out of Network, You Pay
Outpatient/Ambulatory Surgery	Deductible	Deductible then 20%
Semi-private Room & Board	Deductible	Deductible then 20%
*Behavioral Health (BH) & Alcohol or Other Drug Abuse (AODA)	Deductible	Deductible then 20%
Labor & Delivery	Deductible	Deductible then 20%
X-rays & Laboratory Testing	Deductible	Deductible then 20%
Medication	Deductible	Deductible then 20%
Inpatient Therapy	Deductible	Deductible then 20%
Skilled Nursing Care	Deductible	Deductible then 20%
Skilled Nursing Facility Care <i>100 days combined (In and Out of Network) per confinement per member.</i>	Deductible <i>100 days per confinement per member</i>	Deductible then 20% <i>30 days per confinement per member</i>
Hospice Care	Deductible	Deductible then 20%
Injections	Deductible	Deductible then 20%
Colonoscopies	Deductible	Deductible then 20%

OTHER OUTPATIENT SERVICES		
	In Network, You Pay	Out of Network, You Pay
Radiation Therapy	Deductible	Deductible then 20%
X-rays & Laboratory Testing	Deductible	Deductible then 20%
CT/CAT Scans	\$100	Deductible then 20%
MRI, MRA & PET Scans	\$100	Deductible then 20%
Sleep Studies (Facility)	\$100	Deductible then 20%
Oral Surgery (Limited)	Deductible	Deductible then 20%
Office Surgery	Deductible	Deductible then 20%
*Hospice Care	Deductible	Deductible then 20%
Temporomandibular Joint Disorder <i>Diagnostic procedures and non-surgical treatment limited to \$1,250/member/contract year.</i>	See applicable type of service	See applicable type of service
*Home Health Services <i>Limited to 100 visits per member per contract year.</i>	Deductible	Deductible then 20%
*Home Health Therapies <i>Limited to 40 combined (physical, occupational and speech) home visits per contract year.</i>	Deductible	Deductible then 20%
*Medical Supplies: Including covered Diabetic Supplies, Medical Equipment & Prosthetics <i>Purchases over \$5000 require prior authorization.</i>	20% up to \$2,000 per member per contract year; paid in full after \$2,000	Deductible then 20% up to \$4,000 per member/contract year; paid in full after \$4,000
Insulin <i>30-day supply</i>	\$10	
Hearing Aids (Ages 0–18) <i>(In & Out of Network benefits are combined). One standard model hearing aid per ear replaceable every 36 months.</i>	Deductible and Balance of Charges beyond benefit limits.	Deductible then 20% and Balance of Charges beyond benefit limits.
Hearing Aids (Age 19+) <i>Up to \$400 (In & Out of Network combined) per hearing aid per ear, replaceable every 36 months.</i>	Deductible and Balance of Charges beyond benefit limits.	Deductible and Balance of Charges beyond benefit limits.

*TRANSPLANTS & KIDNEY DISEASE		
	In Network, You Pay	Out of Network, You Pay
Kidney Disease & Transplant <i>Up to \$30,000 per member per contract year (will not duplicate Medicare coverage).</i>	See applicable type of service	Disease: See type of service. Transplant: In Network Only.
Other COVERED Transplants <i>Up to \$500,000 per member per lifetime.</i>	See applicable type of service	In Network Benefits Only

* Indicates services that require written prior authorization from Physicians Plus.