

**Summary of Benefits
January-December, 2010**

	Major Plan Benefits	Plan Benefits for Covered Services
Plan Benefits	Supplemental to Medicare Parts A & B	Applicable after Medicare Parts A & B benefits have been applied, less Medicare deductibles
Deductible		\$250 (must be met before copayments or coinsurance apply). Plan deductible runs concurrent with Medicare deductibles
Out-of-Pocket Maximum	*See note below	\$1,500 per calendar year
Lifetime Maximum Benefit		Unlimited
Preventive Care	• Office visits in conjunction with an illness or injury	80% after Deductible
	• Allergy injections and serum	80% after Deductible
	• Diagnostic tests, lab and X-rays	80% after Deductible
	• Preventive care – Routine physical exams – Well-woman care – Immunizations	80% after Deductible
Hospital Services	• Inpatient hospital care	80% after Deductible
	• Preadmission testing	80% after Deductible
	• Outpatient hospital care	80% after Deductible
	• Ambulatory surgical center	80% after Deductible
Hospital Services	• Emergency Care (emergency room, emergency services)	80% after \$75 copayment (waived if admitted)
Other Medical Services	• Physical therapy, respiratory, occupational, or speech therapy	80% after Deductible
	• Home health services	80% after Deductible
	• Durable medical equipment	80% after Deductible
	• Oxygen	80% after Deductible
	• Skilled nursing facility (limited to 100 days per benefit period)	80% after Deductible
	• Ambulance	80% after Deductible
	• Immediate care facility	80% after Deductible
Mental Health	• Inpatient hospital care	80% after Deductible
	• Outpatient care	80% after Deductible
Substance Abuse	• Inpatient care	80% after Deductible
	• Outpatient care	80% after Deductible

*If you reach this maximum, no further out-of-pocket will be required of you for covered expenses during the year. Plan premiums, deductible, expenses above usual, customary and reasonable, as well as expenses for outpatient prescription drugs, except those covered by Medicare Part B, do not apply toward this maximum.