



Medical Benefits

PREMIUM PLAN

PREMIUM PLAN - PMED PPO

PARTICIPATING PROVIDERS

NON-PARTICIPATING PROVIDERS (SUBJECT TO USUAL AND CUSTOMARY CHARGES)

LIFETIME & CALENDAR YEAR MAXIMUM BENEFIT	UNLIMITED	
CALENDAR YEAR DEDUCTIBLE		
Single	\$450	\$1,800
Family	\$1,350	\$5,400
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	(does not include: Deductible, Copays)	
Single	\$2,650	\$4,800
Family	\$7,950	\$14,400

MEDICAL BENEFITS (Cost to you after Deductible has been met)

PHYSICIAN'S SERVICES

Preventative Care/Screening/Immunization	Visit No Charge; Deductible Waived	30% Coinsurance
Primary Care Visit To Treat An Injury Or Illness	\$30 Copay per visit; Deductible Waived	30% Coinsurance
Special Visit	\$30 Copay per visit; Deductible Waived	30% Coinsurance

HOSPITAL EXPENSES OR LONG TERM ACUTE CARE FACILITY/HOSPITAL (FACILITY CHARGES)

Inpatient	10% Coinsurance	\$500 Copay per visit; 30% Coinsurance
Physician/Surgeon Fee	10% Coinsurance	30% Coinsurance
Outpatient	10% Coinsurance	30% Coinsurance
Physician/Surgeon Fee	10% Coinsurance	30% Coinsurance

IMMEDIATE CARE

Ambulance Services	10% Coinsurance	10% Coinsurance
Emergency Services/Emergency Room Services	\$250 Copay per visit; 10% Coinsurance	\$250 Copay per visit; 30% Coinsurance
Urgent Care Facility	\$40 Copay per visit	30% Coinsurance

TESTS & IMAGING

X-Ray & Laboratory Services	10% Coinsurance	30% Coinsurance
Imaging (Ct/Pet Scans, Mri's)	10% Coinsurance	30% Coinsurance

MATERNITY

Office Visits	10% Coinsurance	30% Coinsurance
Childbirth/Delivery Professional Services	10% Coinsurance	30% Coinsurance
Childbirth/Delivery Facility Services	10% Coinsurance	\$500 Copay per visit; 30% Coinsurance

OTHER

Chiropractic Care/Spinal Manipulation	10% Coinsurance; 10 Visit/Year Maximum	30% Coinsurance; 10 Visit/Year Maximum
Durable Medical Equipment (DME)	10% Coinsurance	30% Coinsurance

This is only a brief summary of the benefits available. Some restrictions may apply. For more specific information about the coverage details including limitations, exclusions and other requirements, please refer to the actual Summary Plan Description.