

**Benefits Summary**

<i>Services Covered</i>	<i>In-Network Providers</i>	<i>Non-Network Providers</i>
<b>Physician &amp; Other Medical Professional Charges</b>		
Well Adult Care (Employee and Spouse only)	100%	70% after deductible
Routine Proctosigmoidoscopy: One every 3 years		
Preventive Prostate Screening: Age 20 to 40: one PSA test every 3 years Age 40 and over: one PSA test per year		
Routine Colon Cancer Screening: Over Age 40: one rectal exam per year Over Age 50: one stool slide test per year	100%	70% after deductible
Routine Mammograms Age 35 to 40: one routine per five year period Age 40 and over: one routine per year	100%	70% after deductible
Well Child Care	100%	70% after deductible
<b>Physician/Hospital/Other Facility/Professional Charges</b>		
Office Visit (Non-Wellness)	100% after deductible	70% after deductible
Urgent Care	100% after deductible	70% after deductible
Hospital Facilities	100% after deductible	70% after deductible
Inpatient/Outpatient Physician	100% after deductible	70% after deductible
Outpatient Services - Radiology, Lab	100% after deductible	70% after deductible
Outpatient Surgery	100% after deductible	70% after deductible
Maternity	100% after deductible	70% after deductible
Emergency Room	100% after deductible	100% after deductible
<b>Mental Nervous</b>		
Inpatient	100% after deductible Maximum 10 days per Calendar Year	70% after deductible Maximum 10 days per Calendar Year
Outpatient	100% after deductible Maximum 10 visits per Calendar Year	70% after deductible Maximum 10 visits per Calendar Year
<b>Substance Abuse</b>		
Inpatient	100% after deductible Maximum 10 days per Calendar Year	70% after deductible Maximum 10 days per Calendar Year
Outpatient	100% after deductible Maximum 10 visits per Calendar Year	70% after deductible Maximum 10 visits per Calendar Year
<b>Organ Transplant</b>	100% after deductible At Centers of Excellence	\$250,000 per occurrence At Non-Centers of Excellence
<b>Ambulance</b>	100% after deductible	70% after deductible
<b>Air Ambulance</b> (subject to \$5,000 maximum)	100% after deductible	70% after deductible
<b>Home Health Care</b> (Maximum \$100 per visit, 45 visits PCY)	100% after deductible	70% after deductible
<b>Physical/Speech Therapy</b> (25 visits per service)	100% after deductible	70% after deductible
<b>Skilled Nursing Facility</b> (30 days for each care period)	100% after deductible	70% after deductible
<b>Durable Medical Equipment &amp; Prosthetic Devices</b>	100% after deductible	70% after deductible
<b>Other Services</b>		
<b>Spinal Manipulation/Chiropractic</b> (\$50 limit per visit, 10 visits per year)	100%	70%
<b>Deductible/Coinsurance Options</b>		
Deductible Options (2x for family)	\$1,200, \$1,500, \$2,000, \$2,500	\$2,400, \$3,000, \$4,000, \$5,000
Annual Out-of-Pocket Maximum, Excluding Deductibles	-0-	\$6,000 single/\$12,000 family
The deductibles and out-of-pocket maximums are not combined in and out of network.		
<b>Covered Individual Annual Maximum</b>	\$5,000,000	

Underwritten by Companion Life Insurance Company  
Administered by SecureOne Benefit Administrators, Inc.

## Other Plan Information

- Pre-authorization is required for all inpatient and outpatient hospital admissions, surgeries (except in physician's office), and for certain outpatient services and procedures
- Pre-existing conditions may apply to enrollees age 19 and over.
- If a generic drug is available but not dispensed, the Insured may be required to pay the difference between the generic and brand name drug cost.
- Treatments of any condition for which benefits are recovered under any Workers Compensation or Occupational Disease Law are excluded.
- Emergency/Life Threatening services performed at non-network hospitals will be paid at the in-network benefit levels contained in the policy. Included as covered under the in-network benefits are: emergency room charges, emergency room physicians, laboratory and x-ray charges, radiologist and other charges incurred while being treated in the emergency room.
- Each child who is under the age of 26 years old, and who is not eligible for coverage under their employer will be covered under this Plan. When the dependent child reaches age 26, coverage will run through the end of the month of the child's 26<sup>th</sup> birthday.
- Drugs:
  - Drugs are covered after deductibles are met. Injectables will be covered at a 25% copayment. Certain Proton Pump Inhibitors (PPIs) and Non-Sedating Antihistamines will not be covered. See separate prescription drug schedule.

**This is a general outline of covered benefits. It does not include all policy exclusions, reductions of benefits, or terms under which the policy may be continued or discontinued. For costs and complete details of the coverage, call or write your insurance agent or Preferred United Plans of Michigan.**