

Medical, Dental, and Vision Plan

Administered by: Health Plan

Member ID:  
085150  
John Smith

RxBIN: 003858  
RxPCN: A4  
RxGRP: SVHA  
Issuer: 80840

Group ID:  
TPA0050001

ADMINISTERED  
BY  


In Network Office Visit:  
\$10 COPAY / 20%



This Plan is administered by Health Plan

**Members:** For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Health Plan of an admission as soon as reasonably possible and no later than 48 hours after physically or mentally able to do so.

To Verify Eligibility / Claim / Benefit Questions: 1-866-498-4423

To Locate a Provider, please call 1-888-888-8888

Submit claims to: DUrcf  
PO Box 123  
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Payor ID: 11111

**Pre-Certification Requirements**

Failure to comply with the Hospital Admission Review requirements will result in benefits being reduced by 25% per confinement or procedure. For Precertification / Authorization call 1-800-805-7938.

- Inpatient confinements:
  - Surgical and non-surgical, excluding vaginal or Caesarean deliveries
  - Skilled nursing facility
  - Rehabilitation facility
  - Inpatient hospice (except Medicare)
- Elective (non-emergent) transportation by ambulance or medical van, and all transfers via air ambulance
- All home health care services, including home uterine monitoring
- Selected durable medical equipment:
  - Electric or motorized wheelchairs and scooters
  - Limb prosthetics
  - Customized braces
- Outpatient Radiology and Diagnostic Imaging Services
- Outpatient Physical and Occupational Therapy
- Mental Health Services

**Referrals to Participating Providers for Select Services**

Providers- Please refer to the following Providers for additional services:

- Laboratory - Blood Work
  - Refer all patients to Labcorp
- Outpatient Radiology and Diagnostic Imaging Services
  - OneCall Medical- 888-458-8746
- Durable Medical Equipment
  - Cypress Care- 800-419-7191
- Chiropractic
  - Chiropractic Network Services- 877-579-1670
- Home Health
  - Maxim Healthcare Services- 866-297-2295

**Medical Plan Information**

**TRADITIONAL PLAN**

Calendar Year Deductible (Per Person)	\$250
Calendar Year Deductible (Per Family)	\$500

**SERVICE**

**PARTICIPATING PROVIDER**

Physician Visit Charges Covered Charges for physician office visits include all services rendered during the visit if performed during the visit by the attending physician, with the exception of CT and MRI scans.	\$10 Copay per visit, then plan pays 80%
Preventive Care Preventive care includes services performed during the exam (excluding MRI and CT scans)	\$10 Copay per visit, then plan pays 80%
Allergy Injections and Serum	Plan pays 80%
Inpatient and Outpatient Surgery	Deductible applies, then plan pays 80%
Second and Third Opinion Consultation Charges	Plan pays 100%
Inpatient Hospital Care	Deductible applies, then plan pays 80%
Outpatient Hospital Care	Deductible applies, then plan pays 80%
Preadmission Testing	Deductible applies, then plan pays 80%
X-Ray and Laboratory Services (Hospital Services)	Deductible applies, then plan pays 80%
X-Ray and Laboratory Services (Office/Clinic Services)	\$10 Copay per visit, then plan pays 80%
X-Ray and Laboratory Services (MRI and CT scans)	Deductible applies, then plan pays 80%
Urgent Care	\$10 Copay per visit, then plan pays 80%
Emergency Room Services	\$20 Copay per visit, then Deductible applies, then plan pays 80% Copay waived if admitted
Chiropractic Services By Chiro Network	\$10 Copay per visit, then plan pays 80%
Home Health Care Limited to 100 visits per year	Deductible applies, then plan pays 80%
Hospice Care Limited to 6 months per person, per lifetime	Plan pays 100%
Skilled Nursing Facility Care Limited to 180 days for the same or related condition	Deductible applies, then plan pays 80%
Freestanding Birthing Center Services	Plan pays 100%
Treatment of TMJ Limited to a lifetime maximum benefit of \$2,500	Deductible applies, then plan pays 80%
Mental or Nervous Disorders and Alcoholism or Drug Abuse	Deductible applies, then plan pays 50%
Inpatient Treatment Limited to 30 days per year Outpatient Treatment Limited to 20 visits per year	Deductible applies, then plan pays 80%
All Other Covered Charges	Deductible applies, then plan pays 80%

**Prescription Drugs**

If drugs and medicines are prescribed to treat you or one of your Dependents for a sickness or injury, Prescription Drugs benefits will be payable as described below, for each prescription or each refill.

	Retail Drugs	Mail Service Drugs
Generic Drugs	\$10 Copay, then plan pays 100%	\$15 Copay, then plan pays 100%
Brand Name Drugs	\$20 Copay, then plan pays 70%	\$30 Copay, then plan pays 70%
Maximum Supply	30 days for each prescription	90 days for each prescription

**Non Covered Services**

- No payment will be made for claims resulting in or from the following:
- Dental treatment (except caused by a covered Injury)
  - Cosmetic surgery
  - Infertility treatment
  - Weight loss procedures
  - Eye glasses, contact lenses, or hearing aids