

## HMO Deductible Schedule of Benefits General Features

<p>Out-of-Pocket Limit. The amounts applied to the Deductible are based upon UnitedHealthcare's contracted rates.</p> <p>Coupons: We may not permit certain coupons or offers from pharmaceutical manufacturers or an affiliate to apply to your Annual Deductible.</p>	Individual: \$2,000 Family: \$4,000
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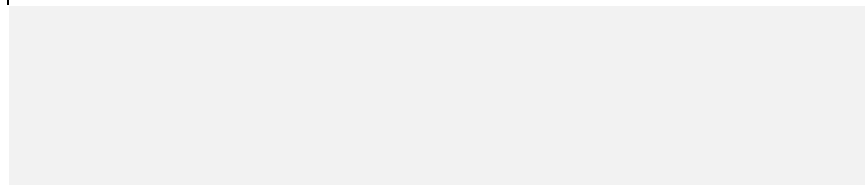
Maximum Benefits

Unlimited

<p>apply toward the Out-of-Pocket Limit if a member of a family unit has paid an amount of Deductible payments for the Calendar Year equal to the Individual Out-of-Pocket Limit, no further Co-payments will be due for Covered Health Care Services for the remainder of that Calendar Year. The remaining family members will continue to pay the applicable Co-payment until a member satisfies the Individual Out-of-Pocket Limit or until a family satisfies the Family Out-of-Pocket Limit.</p>	Individual: \$3,500 Family: \$7,000
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PCP Office Visits

\$25 Office Visit Co-payment





Reconstructive Surgery	20% Co-payment after Deductible
Rehabilitation and Habilitative Services (Including physical, occupational and speech therapy)	20% Co-payment after Deductible
Skilled Nursing Facility Care (Up to 100 days per benefit period)	20% Co-payment after Deductible

Substance-Related and Addictive Disorder including, but not limited to,  
Inpatient Medical Detoxification and Residential Treatment Centers



<p><b>Injectable Drugs</b>          (Co-payment/Co-insurance not applicable to injectable immunizations, birth control, infertility and insulin.)  <b>Outpatient Injectable Medication</b>  <b>Self-Injectable Medication</b>          Applies to dollar co-payments only: In instances where the negotiated rate is less than your Co-payment, you will pay only the negotiated rate. FDA-approved contraceptive methods and procedures recommended by the Health Resources and Services Administration as preventive care services will be 100% covered. Co-payment applies to contraceptive methods and procedures that are _____ defined as Covered Services under the Preventive Care Services and Family Planning benefit as specified in the Combined Evidence of Coverage and Disclosure Form.</p>	<p>30% up to \$250 Co-payment per medication</p>
<p><b>Laboratory Services</b>          (When available through and authorized by your Network Medical Group) (Additional Co-payment for office visits may apply)</p>	<p>No charge</p>
<p><b>Maternity Care, Tests and Procedures</b>  <b>PCP Office Visit</b>  <b>Specialist Office Visit</b>          Preventive tests/screenings/counseling as recommended by the U.S. Preventive Services Task Force, AAP (Bright Futures Recommendations for pediatric preventive health care) and the Health Resources and Services Administration as preventive care services will be covered as paid in full. There may be a separate Co-payment for the office visit and other additional charges for services rendered. Please call UnitedHealthcare at the telephone number on your ID card.</p>	<p>\$25 Co-payment          \$25 Co-payment</p>
<p><b>Mental Health Care Services</b>  <b>Outpatient Office Visits include:</b>          Diagnostic evaluations, assessment, treatment planning, treatment and/or procedures, individual/group counseling, individual/group evaluations and treatment, referral services, and medication management  <b>All Other Outpatient Treatment include:</b>          Partial Hospitalization/Day Treatment Intensive Outpatient Treatment, crisis intervention, electro-convulsive therapy, psychological testing, facility charges for day treatment centers, Behavioral Health Treatment</p>	



Radiology Services	No charge
Standard: (Additional Co-payment for office visits may apply)	
Specialized Scanning and Imaging Procedures: (Examples include, but are not limited to, CT, SPECT, PET, MRA and MRI – with or without contrast media) A separate Co-payment will be charged for each part of the body scanned as part of an imaging procedure. In instances where the negotiated rate is less than your Co-payment, you will pay only the negotiated rate.	\$100 Co-payment
Substance Related and Addictive Disorder	
Outpatient Office Visits include, but are not limited to: Diagnostic evaluations, assessment, treatment planning, treatment and/or procedures, individual/group evaluations and treatment, individual/group counseling and detoxifications, referral services, and medication management	No charge
All Other Outpatient Treatment includes, but are not limited to: Partial Hospitalization/ Day Treatment, Intensive Outpatient Treatment, crisis intervention, facility charges for day treatment centers, laboratory charges. and methadone maintenance treatment	No charge

Termination of Pregnancy (Medical/medication and surgical)  
 FDA-approved contraceptive methods and procedures recommended by the Health Resources and Services Administration as preventive care services will be 100% covered. Co-payment applies to contraceptive methods and procedures that are NOT defined as

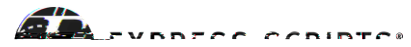








# \$10/\$30/50% HMO \$3000



Your prescription plan at a glance

Show this summary to your doctor to discuss ways to pay less for your medication. To learn more about your plan, visit [expressscripts.com](http://expressscripts.com). Firsttime visitors, please take a moment to register using your member ID number.

	ExpressAdvantageNetwork (EAN) pharmacies (up to a 30 day supply)	Smart90 retail pharmacies (up to a 90 day supply)	Home delivery from Express Scripts Pharmacy (up to a 90 day supply)
Generic medications	\$10	\$20	\$20
Preferred brand-name medications	\$30	\$60	\$60
Nonpreferred			

Drug conversion programs. If a plan-preferred medication exists, we may contact your doctor to ask whether that medication would be appropriate for you. If your doctor agrees to use a plan-preferred medication, you usually pay less.

Use generics and preferred medications. Consider prescribing a lower-cost generic or preferred brand-name medication. To find out whether your medication is preferred, just log in at [expressscripts.com](http://expressscripts.com) and choose Price a Medication from the menu under Prescriptions. Enter your medication name and view cost and coverage information on the results page. You can also get pricing information from Member Services at 800.918.8011.

Prior authorization: When is a coverage review necessary? Prior authorization (prior authorization). This review uses rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses) unless you receive approval through a coverage review. During this review, Express Scripts asks your doctor for more information. If a medication requires a coverage review, log in at [expressscripts.com](http://expressscripts.com) and select Price a Medication from the menu under Prescriptions. Enter your medication name and view coverage information on the results page.

Specialty medications: Get individualized service through Accredo. Specialty medications are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, and hepatitis C. Accredo is composed of therapy