



SELECT VALUE CARE - Salaried Employees
Effective 06/01/03



BENEFITS	In-Network Care	Out-of-Network Care	Out-of-Area Care
PREMIUMS			
Monthly Premiums	Employee Only: \$30 ■ Employee + 1 Child: \$50 ■ Employee + Spouse: \$100 ■ Family: \$150		
SPOUSAL CARVE-OUT PROVISIONS			
Coverage Provisions	<p>If the spouse is eligible for coverage through his or her employer (a plan in which the employer contributes some or all of the premiums), then the spouse's plan is primary and this plan will be secondary for all claims of the spouse when you elect dependent coverage under this plan. This plan will be secondary under these circumstances even if the spouse does not actually elect coverage under the spouse's plan.</p> <p>In addition, if, in a calendar year, the spouse's birthday occurs before the birthday of the cardholder under this plan, then the spouse's plan is primary and this plan will be secondary for all claims of dependent children when you elect dependent coverage under this plan, so long as the dependent children are eligible for coverage under the spouse's plan. This plan will be secondary under these circumstances even if the spouse does not actually elect dependent coverage under the spouse's plan</p> <p>When this plan is the secondary plan, combined benefits from both the primary and secondary plan may not total more than the amount this plan would have paid alone. The primary plan's benefit level will be deemed to be 80% of reasonable and customary charges, unless you provide in writing the actual benefit level of the primary plan. Also, this plan will pay only benefits for expenses covered by this plan.</p>		
PHYSICIAN SERVICES			
Office Visits & Consultations	80% of Network approved amount	80% of Network approved amount	80% UCR
Surgery & Anesthesia	80% of Network approved amount	80% of Network approved amount	80% UCR
Physician Services in Hospital	80% of Network approved amount	80% of Network approved amount	80% UCR
Newborn well child exam in the hospital	80% of Network approved amount	Not covered	80% UCR
Diagnostic X-rays & Lab Exams	80% of Network approved amount	80% of Network approved amount	80% UCR
Chemotherapy & Radiation Therapy	80% of Network approved amount	80% of Network approved amount	80% UCR
Allergy Testing & Treatment (other than Physician office visit)	80% of Network approved amount	Not covered	80% UCR
Temporomandibular Joint Disorders	80% of Network approved amount; \$2,000 lifetime maximum	Not covered	80% UCR; \$2,000 lifetime maximum
Physician Services for Treatment in the Emergency Room	80% of Network approved amount	80% of Network approved amount	80% UCR
Routine Preventive Care (See Plan of Benefits for detailed information)	80% of Network approved amount	Not covered	80% UCR

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INPATIENT HOSPITAL SERVICES			
Deductible & Copays	\$100 deductible per admission	\$200 deductible per admission \$25 copay per day	\$100 deductible per admission
Coverage	100% of Network approved amount after \$100 deductible	100% of Network approved amount; member is responsible for any amount above	100% of Network approved amount based on UCR after \$100 inpatient per admission deductible
Preadmission Certification	Required for all admissions; will be obtained by admitting physician. Maternity and emergency admissions require notification within 48 hours.	Required for all admissions; maternity and emergency admissions require notification within 48 hours. Member is responsible for obtaining; if not obtained, no benefits available	Required for all admissions; maternity and emergency admissions require notification within 48 hours. Member is responsible for obtaining; if not obtained, no benefits available
OUTPATIENT HOSPITAL SERVICES			
Emergency Room Services for Accidental Injuries	80% of Network approved amount; 100% of Network approved amount if admitted	80% UCR; 100% UCR if admitted	80% UCR; 100% UCR if admitted
Emergency Room Services for Medical Emergencies	80% of Network approved amount; 100% of Network approved amount if admitted	80% UCR; 100% UCR if admitted	80% UCR; 100% UCR if admitted
Facility Charges when having Surgery	100% of Network approved amount after a \$75 copay; Preauthorization required	100% UCR after a \$200 copay; Preauthorization required	80% UCR; Preauthorization required
Facility Charges for Diagnostic X-ray, Lab & Pathology	100% of Network approved amount;	100% UCR after a \$200 copay;	80% UCR;
Facility Charges for Hemodialysis, IV Therapy, Chemotherapy & Radiation Therapy	100% of Network approved amount; Preauthorization required	100% UCR after a \$200 copay; Preauthorization required	80% UCR; Preauthorization required
OTHER SERVICES			
Chiropractic Services	80% of Network approved amount with a maximum of 24 visits per year	80% of Network approved amount with a maximum of 24 visits per year	80% of Network approved amount with a maximum of 24 visits per year
Physical Therapy	80% of Network approved amount; Preauthorization required	Not covered	80% UCR; Preauthorization required
Speech Therapy	80% of Network approved amount; Preauthorization required	Not covered	80% UCR; Preauthorization required
Durable Medical Equipment, Prosthetic Devices & Supplies	80% of Network approved amount; Preauthorization required	Not covered	80% UCR; Preauthorization required
Transplants (Heart, liver, lungs, pancreas, kidney, bone marrow, heart-valve, skin & cornea)	100% coverage for physician's surgical services and inpatient hospital services, subject to inpatient deductible and copayments; Preauthorization required	Not covered	80% UCR; Preauthorization required
Home Health & Hospice Care	100% of Network approved amount through Participating Providers; Preauthorization required	Not covered	80% UCR, limited to 40 visits each calendar year; Preauthorization required

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PRESCRIPTION DRUGS			
Prepaid Drug Card (Retail)	Generic – 80% UCR with \$5 minimum copay Brand – 80% UCR with \$15 minimum copay Non-Preferred – 65% UCR	No benefits in the state of Alabama.	Generic – 80% UCR with \$5 minimum copay Brand – 80% UCR with \$15 minimum copay Non-Preferred – 65% UCR
Prepaid Drug Card (Mail Order)	Generic – \$10 copay Brand – \$20 copay Non-Preferred – \$35 copay		
Provisions	\$3,000 in prescription drug claims in a calendar year triggers mandatory Case Management Certain high cost, specialty drugs are provided only through Specialty Rx, unless pre-approved by the Claims Administrator. The mail order copay will apply.		
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES			
All Services	Coverage available only through Behavioral Health Systems (See separate benefit information for details)		
GENERAL PROVISIONS			
Major Medical Deductible	\$100 per person; 3 member maximum per family		
Annual Out-of-Pocket Per Person	\$1000 per person on major medical; 3 member maximum per family; no maximum on prescription drugs	No dollar maximum per person	\$1000 per person on major medical; 3 member maximum per family; no maximum on prescription drugs
Lifetime Maximum	\$500,000.00 per person		