



**Drummond Company, Inc. - SELECT VALUE CARE  
UMWA Employees (Retired on or Before 10/01/94)**

June 1, 2003



<b>BENEFITS</b>	<b>In-Network Care</b>	<b>Out-of-Network Care</b>	<b>Out-of-Area Care</b>
<b>PHYSICIAN SERVICES</b>			
Office Visits & Consultations	\$5 copay	\$5 copay	\$5 copay
Surgery & Anesthesia	100%	100%	100%
Physician Services in Hospital	100%	100%	100%
Diagnostic X-rays & Lab Exams	100%	100%	100%
Allergy Testing & Treatment (other than Physician office visit)	100%	100%	100%
Physician Services for Treatment in the Emergency Room	100%	100%	100%
<b>INPATIENT HOSPITAL SERVICES</b>			
Coverage	100%	100%	100%
Pre-Certification	Required for all admissions, all surgeries, certain diagnostic test, supplies & services; except for members with other coverage primary (i.e., Medicare)	Required for all admissions, all surgeries, certain diagnostic test, supplies & services; except for members with other coverage primary (i.e., Medicare)	Required for all admissions, all surgeries, certain diagnostic test, supplies & services; except for members with other coverage primary (i.e., Medicare)
<b>OUTPATIENT HOSPITAL SERVICES</b>			
Emergency Room Services for Accidental Injuries	100%	100%	100%
Emergency Room Services for Medical Emergencies	100%	100%	100%
Facility Charges when having Surgery	100%	100%	100%
Facility Charges for Diagnostic X-ray, Lab & Pathology	100%	100%	100%
<b>GENERAL PROVISIONS</b>			
Deductible/Copay	\$5 per office visit	\$5 per office visit	\$5 per office visit
Out-of-Pocket Maximum	\$100 maximum per family per year	\$100 maximum per family per year	\$100 maximum per family per year

BENEFITS	In-Network Care	Out-of-Network Care	Out-of-Area Care
<b>PRESCRIPTION DRUGS</b>			
<b>Prescription Drugs (Mandatory Generic)</b>	\$5 copay per prescription (\$50 maximum per family per year); if unapproved brand name is chosen when a generic equivalent is available, member also pays difference in cost between brand and generic (no maximum); certain high cost, specialty drugs are provided only through Specialty Rx, unless pre-approved	\$5 copay per prescription (\$50 maximum per family per year); if unapproved brand name is chosen when a generic equivalent is available, member also pays difference in cost between brand and generic (no maximum); certain high cost, specialty drugs are provided only through Specialty Rx, unless pre-approved	\$5 copay per prescription (\$50 maximum per family per year); if unapproved brand name is chosen when a generic equivalent is available, member also pays difference in cost between brand and generic (no maximum); certain high cost, specialty drugs are provided only through Specialty Rx, unless pre-approved
<b>MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES</b>			
<b>All Services</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>