



**Drummond Company, Inc. - SELECT VALUE CARE
UMWA Employees (Active and Retired After 10/01/94)**

June 1, 2003



BENEFITS	In-Network Care	Out-of-Network Care	Out-of-Area Care
PHYSICIAN SERVICES			
Office Visits and Consultations	100% after \$12 copay; \$240 maximum per family per year	90% of Network approved amount after \$20 copay; member responsible for remaining balance	100% UCR after \$12 copay; \$240 maximum per family per year
Surgery	100% of Network approved amount; Precertification required	90% of Network approved amount; member responsible for remaining balance; precertification required	100% UCR; precertification required
Anesthesia in Hospital	100% of Network approved amount	100%	100% UCR
Physician Services in Hospital	100% of Network approved amount	90% of Network approved amount; member responsible for remaining balance	100% UCR
Allergy Testing & Treatment (other than Physician office visit)	100% of Network approved amount	90% of Network approved amount; member responsible for remaining balance	100% UCR
Physician Services for Treatment in the Emergency Room	100% of Network approved amount	100%	100% UCR
Routine Preventive Care (See Summary Plan Description for detailed information)	<ul style="list-style-type: none"> Well child visits up to age 6 Routine OB/GYN visits – up to 2 per year (self-referred) Routine physical over age 55 100% of Network approved amount after \$12 copay; \$240 maximum per family per year	<ul style="list-style-type: none"> Well child visits up to age 6 Routine OB/GYN visits – up to 2 per year (self-referred) Routine physical over age 55 90% of Network approved amount after \$20 copay; member responsible for remaining balance	<ul style="list-style-type: none"> Well child visits up to age 6 Routine OB/GYN visits – up to 2 per year (self-referred) Routine physical over age 55 100% UCR after \$12 copay; \$240 maximum per family per year
INPATIENT HOSPITAL SERVICES			
Coverage	100% of Network approved amount	90% of Network approved amount; member responsible for remaining balance	100% UCR
Pre- Certification	Required for all admissions, all surgeries, certain diagnostic test, supplies & services; will be obtained by admitting physician. Maternity and emergency admissions require notification within 48 hours.	Failure to precertify within 24 hours of admission will result in an additional \$300 deductible	Required for all admissions, except for members with other coverage primary (i.e., Medicare)
OUTPATIENT HOSPITAL SERVICES			
Emergency Room Services for Accidental Injuries	100% of Network approved amount	100%	100% UCR
Emergency Room Services for Medical Emergencies	100% of Network approved amount	100%	100% UCR
Facility Charges when having Surgery	100% of Network approved amount; Precertification required	90% of Network approved amount; member responsible for remaining balance; Precertification required	100% UCR; Precertification required
Facility Charges for Diagnostic X-ray, Lab and Pathology	100% of Network approved amount	90% of Network approved amount; member responsible for remaining balance	100% UCR

BENEFITS	In-Network Care	Out-of-Network Care	Out-of-Area Care
GENERAL PROVISIONS			
Deductible/Copay	\$12 per office visit	\$20 per office visit plus amount above Network approved amount	\$12 per office visit
Out-of-Pocket Maximum	\$240 maximum per family per year	\$2,600 maximum per family per year (includes \$20 copay per office visit, 10% of Network approved charges, and amount over Network approved amount)	\$240 maximum per family per year
PRESCRIPTION DRUGS			
Prescription Drugs (Mandatory Generic)	\$5 copay per prescription; if unapproved brand name is chosen when a generic equivalent is available, member also pays difference in cost between brand and generic; certain high cost, specialty drugs are available only through Specialty Rx, unless pre-approved	\$10 copay per prescription; if unapproved brand name is chosen when a generic equivalent is available, member also pays difference in cost between brand and generic; certain high cost, specialty drugs are available only through Specialty Rx, unless pre-approved	\$5 copay per prescription; if unapproved brand name is chosen when a generic equivalent is available, member also pays difference in cost between brand and generic; certain high cost, specialty drugs are available only through Specialty Rx, unless pre-approved
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES			
All Services	100% of Network approved amount; referral required from Physician or Employee Assistance Services	100% of Network approved amount; referral required from Physician or Employee Assistance Services; member responsible for amount over Network approved amount	100% of Network approved amount; referral required from Physician or Employee Assistance Services