Premier PPO Benefit Summary for Housing Benefits Plan
Effective January 1, 2018

Claims administered by Professional Benefit Administrator (PBA)

Unlimited Lifetime Comprehensive Major Medical Coverage Maximum **No Limits on Pre-Existing Conditions**		
HOSPITAL BENEFITS	**PPO Providers**	**Non-PPO Providers**
Individual Deductible: (Per Calendar Year)	$450	$900
Family Deductible: (Aggregate):	$1,350	$2,700
Annual Out-of-Pocket Expense Limitation: The amount of money an individual pays toward covered hospital and medical services during any one benefit year **including** deductible and copays except for RX. Charges in excess of the Schedule of Maximum Allowances do not apply to any out-of-pocket limit	$2,000	$4,000
Family Out-of-Pocket Expense Limitation (Aggregate):	$6,000	$12,000
Inpatient Hospital Services: Room allowance based on the hospital's common semi-private room rate. Pre-Admission Testing is paid on the same basis.	80% after deductible	60% after deductible
Outpatient Surgery:	80% after deductible	60% after deductible
Diagnostic X-Ray & Lab - Outpatient:	80% after deductible	60% after deductible
Other Outpatient Hospital Services:	80% after deductible	60% after deductible
Emergency Care-Hospital (Medical/Accident):	80% after $150 copay and deductible (Waived if admitted)	80% after $150 copay and INN deductible (Waived if admitted)
Urgent Care:	$50 copay	60% after deductible
Inpatient Mental Health Illness Services:	80% after deductible	60% after deductible
Outpatient Mental Health Illness Services:	$25 copay then 100%+	60% after deductible
Inpatient Substance Abuse Services:	80% after deductible	60% after deductible
Outpatient Substance Abuse Services:	$25 copay then 100%+	60% after deductible
Chiropractic Services (Including X-ray and Laboratory - $5,000 maximum per person per calendar year):	$25 copay then 100%+	60% after deductible
Physical, Occupational and Speech Therapies:	80% after deductible	60% after deductible

To confirm eligibility or answer medical claim questions, please call the Professional Benefit Administrators (PBA) at (800) 435-5694.

2018 Premier PPO Benefit Summary (Continued)

PHYSICIAN BENEFITS	PPO Providers	Non-PPO Providers
Physician Office Visit and Office Services (Includes all office services, office surgery and related services, other than allergy testing and allergy injections and serum):	$25 copay then 100%+	60% after deductible
All Other Physician Services (Surgery):	80% after deductible	60% after deductible
Allergy Injections and Serums:	80% after deductible	60% after deductible
Routine Well Child Care Services & Routine Wellness Care (Includes routine physical examination and related diagnostic services, routine mammograms, routine pap smears, cancer prevention examination, sickle cell anemia examination, flu shots and other inoculations and treatments): **Physicians Office Visits and Office Services including immunizations** **All Other Routine Well Child Care & Wellness Care Services**	100% - no deductible 100% - no deductible	60% after deductible 60% after deductible
Routine Alternative Wellness Services (Includes massage therapy, chelation therapy, acupuncture, nutritional counseling, smoking-cessation programs, herbal remedies and colonic therapy):	100%+ up to a $250 annual maximum	100%+ up to a $250 annual maximum
Home Health Care (100 visits maximum per person per calendar year):	80% after deductible	60% after deductible
Skilled Nursing Facility (120 days maximum per person per calendar year. Confinement must begin within 14 days of a 3 day hospital confinement):	80% after deductible	60% after deductible
Outpatient Prescription Drugs - After your prescription drug copays equal $1,000 per person per Calendar Year or $2,000 per Family per Calendar Year (retail pharmacy and mail order pharmacy combined), the Plan will pay 100% of all eligible Outpatient prescription drug card expenses for the balance of the Calendar Year. This Copay Limit is separate from the above Medical Out of Pocket limit.	$10 Copay Generic $35 Copay Formulary Brand-Name $50 Copay Non-Formulary Brand-Name Retail Pharmacy is up to a 30 day supply	
Long Term Maintenance Drugs – These copays are applied to the above Prescription Drug Out of Pocket maximum as well.	$20 Generic Copay $70 Formulary Brand-Name Copay $100 Non-Formulary Brand-Name Copay Mail Order is up to a 90 day supply	

Note: *This provides only benefit highlights of the Housing Benefits Plan Premier PPO Plan. The specific details on each program are contained in the master policy issued to the group. Booklets will be created and made available to all participating employees.*

+ Annual Deductible does not apply

****PPO Providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services excluding your deductible and any coinsurance. Non-PPO Providers do not accept the Schedule of Maximum Allowances as payment in full. You will be liable for any difference between the physician's charge and our payment.**