



Corpsmember Healthcare Insurance Plan

July 1, 2010 through June 30, 2011

Plan pays based on Usual, Customary and Reasonable (UCR) for non-PPO providers' charges.

Deductible	\$100 per Service Year
Out of Pocket Maximum	\$1,000 per Service Year (including deductible)
Per Cause Maximum <i>(including motor vehicle injury and sports injury)</i>	\$50,000* <i>* The Plan pays 80% of the first \$4,500 (after the deductible) of allowable charges per covered Injury or Sickness. Thereafter, 100% of allowable charges up to the per cause maximum is payable per covered Injury or Sickness.</i>
Hospital	
Room & Board	80% of semi-private room rate
Intensive Care	80%
Other Hospital Services	80%
Emergency Room	80%
Professional Services	
Office	80%
Surgery	80%
Diagnostic Lab & X-ray	80%
Allergy Injections	80%
Preventive Care	
Routine Care	80% (deductible waived); \$150 maximum
Mammogram/Pap Smear	100% (deductible waived)
Physiotherapy	
Inpatient	80%
Outpatient (including chiropractic)	80%, \$500 maximum for all combined benefit periods
Mental Health	
Inpatient	80%, 60 day maximum
Outpatient	75% for the first 40 visits, 60% thereafter
Chemical Dependency	
Inpatient	80%, 60 day maximum
Outpatient	80% for the first 40 visits, 60% thereafter
Injury to Teeth	80%, \$200 maximum per tooth
Ambulance	80%
Prescription Drugs <i>(including oral contraceptives)</i>	80% - Prescriptions must be purchased at the pharmacy (limited to a 90 day supply per visit) and then filed with Summit America for payment.
Durable Medical Equipment	80%
Preexisting Conditions	Subject to above provisions; \$5,000 maximum in first 12 months
Provider Network	PHCS <i>and/or</i> MultiPlan (not required); Discounted prices for network doctors and billing is submitted for patient
AD&D	\$10,000 Principal Sum
Rate (Per Member Per Month)	\$139.21

All benefits are subject to deductible, coinsurance maximum and per cause maximum unless otherwise specified. UCR applies for non-PPO provider charges.