

MEDICAL BENEFIT SUMMARY

POLICY INFORMATION

Group Policy Name: CITY OF ALBANY - PRIME
 Group Policy Number: 5831
 Plan Name/Type: 3773

EMPLOYEE ELIGIBILITY AND PARTICIPATION REQUIREMENTS

Minimum Hour Requirement: TWENTY (20) HOURS
 Waiting Period for New Employees: PER EMPLOYER POLICY

SCHEDULE OF BENEFITS

Maximum Lifetime Benefit..... \$2,000,000

Out-Of-Pocket Limit..... \$1,000 per person per calendar year

Once a member has met the out-of-pocket limit in a calendar year, this plan will pay 100% of covered charges for participating providers for the rest of that year. Benefits paid in full and nonparticipating provider charges in excess of the PacificSource fee allowance do not accumulate toward the out-of-pocket limit. Copayments and nonparticipating provider charges in excess of the PacificSource allowable fee will continue to be the member's responsibility even after the out-of-pocket limit is met. Prescription drugs are subject to a specific prescription drug out-of-pocket maximum.

Pharmacy Out-Of-Pocket Limit.....\$1,250 per person per calendar year

The copayment for prescription drugs obtained from a participating pharmacy is waived at participating pharmacies during the remainder of a calendar year in which you have satisfied a Prescription Drug Out of Pocket Limit Maximum of \$1,250. The limit applies separately for each member. Claims must be submitted by the participating pharmacy electronically. Expense for drugs obtained at a nonparticipating pharmacy do not apply toward the Prescription Drug Out of Pocket Limit Maximum.

Primary Care Practitioner

All enrolled members must select a primary care practitioner (PCP) from the PacificSource Prime provider directory to be responsible for their continuing medical care. The PCP will coordinate use of healthcare resources to best meet the member's healthcare needs.

SERVICE:	COPAY:	PCP OR REFERRED BENEFIT AFTER COPAY:	OUT-OF-PANEL/ NONREFERRED PROVIDER BENEFIT AFTER COPAY:
PREVENTIVE CARE			
Well Baby Care	\$5 per visit	100% PCP, 90% other	50%
Routine Physicals	\$5 per visit	100% PCP, 90% other	50%
Routine Gynecological Exams	\$5 per visit	100%	50%
Eye Exams	\$5 per visit	100%	50%
Hearing Exams (1 exam every 24 months for children thru age 18)	\$5 per visit	100%	50%
Immunizations		100% PCP, 90% other	50%
PROFESSIONAL SERVICES			
Office and Home Visits - PCP	\$5 per visit	100%	50%
Office and Home Visits - Other Provider		90%	50%
Urgent Care Center Visits		90%	50%
Surgery		90%	50%
HOSPITAL SERVICES			
Inpatient Room and Board		90%	50%
Inpatient Rehabilitative Care		90%	50%
Skilled Nursing Facility Care		90%	50%
OUTPATIENT SERVICES			
Outpatient Surgery		90%	50%
CT Scans and MRIs		90%	50%

* In true medical emergencies, nonparticipating providers are paid at the participating provider level.

SERVICE:	COPAY:	PCP OR REFERRED BENEFIT AFTER COPAY:	OUT-OF-PANEL/ NONREFERRED PROVIDER BENEFIT AFTER COPAY:
OUTPATIENT SERVICES			
Diagnostic / Therapeutic Radiology & Lab		100%	50%
* Emergency Room Visits	\$100 per visit	90%	50%
MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES			
Office Visits		80%	50%
Inpatient Care		80%	50%
Residential Programs		80%	50%
OTHER COVERED SERVICES			
Physical Therapy		90%	50%
Allergy Injections		90%	50%
Ambulance	\$50	90%	80%
Durable Medical Equipment		80%	50%
Home Health Care		90%	50%
PRESCRIPTION DRUGS			
Generic Drugs		50%	50%
Formulary Brand Name Drugs		50%	50%
Non Formulary Drugs		50%	50%

Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Although participating providers accept the fee allowance as payment in full, nonparticipating providers may not. To receive the maximum benefits under this plan, members should first seek treatment from their PCP.

* *In true medical emergencies, nonparticipating providers are paid at the participating provider level.*