Summary of Benefits (member costs)

Sample Traditional Medical Plan, $500 deductible

The Physicians' **ASSURANCE** Corporation

Covered Benefits	Network	Non-Network
Lifetime Maximum Benefit	$5,000,000	
Annual Maximum Benefit	$1,000,000	
Deductible (Individual/Family)	$500/$1,000	$1,000/$2,000
Out of Pocket Maximum Limit (includes deductible, excludes copays)(Individual/Family)	$2,000/$4,000	$4,000/$8,000
Physician Office Services (PCP/SCP)(per visit)	$15/$30	40%
Primary Care Physician (PCP)/Specialty Care Physician (SCP) for sickness and injury.		
• Allergy injections	$10	40%
• Diabetes self-management training, education and medical nutrition therapy services ($500 benefit maximum) (regardless of outpatient setting)	20%	40%
• Office surgeries and scopic procedures	20%	40%
Preventive Care Services	deductible waived	
Services include but are not limited to routine physical exams, well baby & child care, child health supervision, routine immunizations, screening mammography, colonoscopy, and sigmoidoscopy. Includes screenings for cervical cancer, prostate cancer, and bone density tests.		
• Physicians office visits (PCP/SCP)	$15/$30	40%
• Routine eye exams, every 2 years	100% to $50	100% to $50
• Other outpatient services	20%	40%
Emergency Health Services at Hospital (copay waived if admitted)	$150/20%	$150/20%
Urgent Care	$50	40%
Inpatient and Outpatient Physician Surgical & Medical Services	20%	40%
Include but are not limited to medical care visits, intensive medical care, concurrent care, consultations, surgery, anesthesia and newborn exams.		
Inpatient Hospital Stay, services and supplies	20%	40%
Unlimited days except for:		
• 60 day limit for skilled nursing or rehabilitative facility per benefit period		
Outpatient Surgery and Scopic procedures at Hospital /Alternative Care Facility	20%	40%
• Surgery and scopic procedures including administration of anesthesia		
Other Outpatient Services (including but not limited to)	20%	40%
• Non Surgical Outpatient Services & Therapeutic Treatments		
• MRIs, CT/PET Scans, Ultrasounds, and other diagnostics, Chemotherapy, etc.		
• Home Health Care Services, 60 visits per benefit period		
• Durable Medical Equipment or Prosthetics, $5,000 max per benefit period		
• Ostomy supplies, $2500 max per benefit period		
• Dental services accident only, $500 per tooth, $3000 max per benefit period		
• Hospice Care		
• Ambulance Services (Emergency paid at network coinsurance)		
Outpatient Therapy & Chiropractic Treatment	20%	40%
• Physical, Occupational and Speech therapy: 20 visits each		
• Chiropractic Treatment therapy: 20 visits with a $1500 annual maximum		
• Pulmonary and Cardiac rehabilitation therapy: 30 visits each		
• Post-cochlear implant aural therapy: 30 visits		
Behavioral Health Services (note: Biologically Based Mental Health Illness is covered as sickness)	20%	40%
Non-Biologically Based Mental Health and Substance Abuse Services:		
• Inpatient & Intermediate Facility Services: 30 days		
• Outpatient Services (Specialty Care Physician, Facility): 20 visits		
• Additional Alcoholism Services $550		
Organ Transplantation Services	20%	40%
Compatibility tests, acquistion, recipient, and donor costs.		
Pregnancy - Maternity Services	20%	40%
Services for prenatal care, postnatal care, delivery and any related complications.		

*for member share listed with a percentage (%), the deductible applies first

*******See Certificate of Coverage for detailed benefit description*******

Summary of Benefits

The Physicians' **ASSURANCE** Corporation

Sample Pharmacy Plan

	Network	Non-Network
Retail (short-term medications)		
• Generic Drugs	$10	network copays
• Preferred Brand Drugs	$25	plus excess over
• Non Preferred Brand Drugs	$45	maximum
• Specialty Drugs	$45	allowable cost
Mail Service and Advantage90 (long-term medications)		
• Generic Drugs	$25	
• Preferred Brand Drugs	$62.50	n/a
• Non Preferred Brand Drugs	$112.50	

Notes:

- All TPAC plans have embedded family deductibles with the exception of High Deductible, HSA compatible plans that have individual deductibles of $2,000 or less. Embedded deductibles allow an individual within a family a deductible maximum equal to the individual deductible, claims will begin to pay, even if the rest of the family has not accumulated to the family deductible amount. High Deductible, HSA compatible plans with individual deductibles of $2,000 or less are required to have aggregated deductibles.

- A prescription where the physician has indicated DAW (dispense as written) will be filled per the physician's order without regard to generic availability or additional cost to the patient. If a patient self-mandates a brand requirement (without physician indication of DAW), the patient is responsible for the Non-Preferred copay and the cost differential.

- Standard dependent coverage ends at the end of the month in which he/she turns 19. Full time students can retain coverage until the end of the month in which they turn 23. Full time student status is verified each quarter.

- Employees with coverage effective dates up through the 15th of the month will be charged one month premium. Employees with coverage effective dates the 16th or after will not be charged for the partial month of coverage.

- Terminated employees will be covered through the end of the month of termination.