

Southeast Alabama Medical Center

Effective January 1, 2010

Group 38701

BENEFITS	COVERAGE
INPATIENT HOSPITAL (Includes Mental Health and Substance Abuse)	
Coverage, Deductible and Copays	Southeast Alabama Medical Center and Dothan Surgery Center: Covered at 100% after \$250 individual / \$500 family deductible, up to 365 days. Other PPO Hospitals: Covered at 80% after \$500 individual / \$1,000 family deductible, up to 70 days. Non-PPO Hospitals: Covered at 50% after \$1,000 individual / \$2,000 family deductible.
Preadmission Certification	All admissions will be subject to Preadmission Certification (maternity and emergency admissions require notification within 48 hours following the admission).
Baby Yourself	A prenatal wellness program. For more information, call 1 800 222-4379. You can also enroll online at www.behealthy.com .
OUTPATIENT HOSPITAL (FACILITY CHARGES) (Includes Mental Health and Substance Abuse)	
Surgery	Southeast Alabama Medical Center: Facility charges covered at 100% after \$250 individual / \$500 family deductible. Other PPO Facilities: Covered at 80% after \$500 individual deductible / \$1,000 family deductible. Non-PPO Facilities: Covered at 50% after \$1,000 individual / \$2,000 family deductible.
Emergency Room Services	All facilities: Covered at 100% after \$50 facility fee (copay waived if admitted to the hospital. Inpatient deductible will apply).
Lab and Pathology, Diagnostic X-ray, Chemotherapy, Radiation Therapy, IV Therapy & Hemodialysis	Southeast Alabama Medical Center: Covered at 100% after \$250 individual / \$500 family deductible. Other PPO Facilities: Covered at 80% after \$500 individual deductible / \$1,000 family deductible. Non-PPO Facilities: Covered at 50% after \$1,000 individual / \$2,000 family deductible.
PHYSICIAN SERVICES (Includes Mental Health and Substance Abuse)	
Inpatient Physician Visits, Consultations, Diagnostic X-ray, Lab, Pathology, Chemotherapy and Radiation Therapy	PPO Physicians: Covered at 100% after \$250 individual / \$500 family deductible. Non-PPO Physicians: Covered at 50% after \$1,000 individual / \$2,000 family deductible.
Emergency Room Physician Fees	PPO and Non-PPO Physicians: Covered at 100% of the allowed amount after a \$30 copay (copay waived if admitted to the hospital).
Office Visits and Consultations	PPO Physicians: Covered at 100% of the allowed amount after a \$30 copay; Lab and x-ray subject to \$250 individual deductible / \$500 family deductible. Non-PPO Physicians: Covered at 50% after \$1,000 individual / \$2,000 family deductible.
Surgery, Anesthesia, Physician Services for Prenatal, Delivery and Postnatal Care	PPO Physicians: Covered at 100% after \$250 individual deductible / \$500 family deductible. Non-PPO Physicians: Covered at 50% after \$1,000 individual / \$2,000 family deductible.
PREVENTIVE CARE SERVICES	
Inpatient Newborn Well Baby Care	PPO Physicians: Covered at 100% of the allowed amount with no deductible or copay. Non-PPO Physicians: Not covered.
Well Child Care	PPO Physicians: Covered at 100% of the allowed amount after a \$30 copay. Limited to 9 visits during the first two years of the child's life and 1 visit each year thereafter through age 6. Non-PPO Physicians: Not covered.
Routine Immunizations	PPO Physicians: Covered at 100% of the allowed amount with no copay or deductible. Includes diphtheria, tetanus, pertussis, poliomyelitis, measles, rubella, mumps, hepatitis B and Hib. Non-PPO Physicians: Not covered.
Routine Office Visit	PPO Physicians: Covered at 100% of the allowed amount subject to the \$30 copay. Limited to one exam every two years for members age 7 through 34 and one exam annually for members age 35 and above. Non-PPO Physicians: Not covered.

BENEFITS	COVERAGE
PREVENTIVE CARE SERVICES (continued)	
Mammograms	<p>Southeast Alabama Medical Center: Covered at 100% of the allowed amount with no deductible or copay.</p> <p>PPO Physicians: Covered at 100% of the allowed amount with no deductible or copay. Limited to one exam for females between the age of 35-39 and one exam per year for females age 40 and above.</p> <p>Non-PPO Physicians: Not covered.</p>
Prostate Specific Antigen	<p>Southeast Alabama Medical Center: Covered at 100% of the allowed amount subject to office visit copay if applicable.</p> <p>PPO Physicians: Covered at 100% of the allowed amount subject to office visit copay if applicable. Limited to one exam per year for males age 40 and above.</p> <p>Non-PPO Physicians: Not covered.</p>
Other Preventive Exams	<p>Southeast Alabama Medical Center: Covered at 100% of the allowed amount with no deductible or copay for any laboratory or radiological exam performed at Southeast Alabama Medical Center.</p> <p>PPO Physicians: Covered at 100% of the allowed amount with no copay or deductible for urinalysis, TB Skin testing, pap smears, complete blood counts, cholesterol testing (once every 5 years), hemocult stool check (annually beginning at age 50), and sigmoidoscopy (every three years beginning at age 50). Also includes one colonoscopy every 10 years (age 50 and older) and one double contrast barium enema every five years (age 50 and older).</p> <p>Non-PPO Physicians: Not covered.</p>
OTHER COVERED SERVICES (Includes Mental Health and Substance Abuse)	
Home Health	Covered at 80% of the allowed amount after \$250 individual / \$500 family deductible. Covers SAMC providers only for home health.
Hospice	<p>Participating Hospice: Covered at 80% of the allowed amount after \$250 individual / \$500 family deductible</p> <p>Non-Participating Hospice: Not covered.</p>
Cardiac Rehab and Diabetes Testing & Education:	<p>Southeast Alabama Medical Center: Covered at 100% of the allowed amount after \$250 individual / \$500 family deductible when services are rendered at Southeast Alabama Medical Center.</p> <p>All Other Facilities: Covered at 80% of the allowed amount after \$1,000 individual / \$2,000 family deductible when services are rendered at any other facility.</p>
Durable Medical Equipment	<p>Southeast Alabama Medical Center: Covered at 100% of the allowed amount after \$250 individual / \$500 family deductible.</p> <p>All Other Providers: Not covered.</p>
Physical Therapy, Speech Therapy and Occupational Therapy	<p>Southeast Alabama Medical Center: Covered at 100% of the allowed amount after \$250 individual / \$500 family deductible when services are rendered at Southeast Alabama Medical Center.</p> <p>All Other Providers: Covered at 80% of the allowed amount after \$1,000 individual / \$2,000 family deductible when services are rendered at any other facility.</p> <p>Limited to a combined therapy maximum of 30 visits per person per calendar year.</p>
Ambulance	Covered at 80% of the allowed amount after \$250 individual / \$500 family deductible.
Allergy Testing and Treatment	All Physicians: Office visit covered at 100% of the allowed amount after the \$30 copay. All other treatment covered at 80% of the allowed amount after \$250 individual / \$500 family deductible.
Chiropractic Care	<p>Participating Chiropractor: Covered at 100% of the allowed amount after the \$30 per office visit copay. Benefits are limited to the lesser of \$400 per member or 12 visits per member each calendar year.</p> <p>Non-Participating Chiropractor: Covered at 100% of the allowed amount after the \$30 per office visit copay. Benefits are limited to the lesser of \$400 per member or 12 visits per member each calendar year.</p> <p>The maximums are a combined maximum for participating providers and non-participating providers.</p>
TMJ Services	<p>PPO Physicians: Phase I (medical services) covered at 100% of the allowed amount. Office visits subject to the \$30 copayment.</p> <p>Non-PPO Physicians: Phase I (medical services) covered at 50% of the allowed amount subject to the calendar year deductible. Limited to a \$500 lifetime maximum per person (including surgical procedures).</p>
Contraceptive Management	Covers prescription contraceptives, which include: injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance. Injectables that require administration by a physician are covered under the physician benefit portion of the plan.

GENERAL INFORMATION
(Includes Mental Health and Substance Abuse)

Calendar Year Deductible	<p>At SAMC: \$250 individual; \$500 aggregate family maximum.</p> <p>Other PPO's: \$500 individual; \$1,000 aggregate family maximum.</p> <p>Non-PPO's: \$1,000 individual; \$2,000 aggregate family maximum.</p>
Out-of-Pocket Maximum	<p>At SAMC: No out-of-pocket maximum</p> <p>Other PPO's: \$3,000 individual maximum including the \$500 calendar year deductible; \$6,000 family maximum including deductibles.</p> <p>Non PPO's: \$6,000 individual maximum including the \$1,000 calendar year deductible; \$12,000 family maximum including deductibles.</p> <p>All deductibles for PPO providers other than SAMC apply to the out-of-pocket maximum.</p>
Lifetime Contract Maximum	\$1,000,000
Pre-existing Conditions	A nine-month waiting period must be served on all pre-existing conditions.
Eligibility	Eligibility will begin on the first day of the month following the hire date. Any employee hired on the first day of the month will be covered the first day of the following month.
Organ Transplants	Heart; Lung; Kidney; Bone Marrow; Liver; Cornea; Pancreas; Heart-Valve; and Skin. Services must be directed through Managed Care. Preadmission Certification required.

This is only a brief description of your benefits; all services are subject to the terms, limitations and conditions of the group contract.

Out-of-Network benefits are applicable if no referral is made to another facility or to a non-participating doctor.

Certified Registered Nurse Practitioners (CRNPs) and Physician Assistants are considered eligible providers.

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Group 38701 PW