

Stop Loss Provided By:



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LEAD TOGETHER



**United Advantage**  
Agency<sup>™</sup>

<b>PPO 5000/60</b>		
<b>SERVICES</b>	<b>PPO PROVIDERS</b>	<b>NON-PPO PROVIDERS</b>
<b>Plan Year Deductible (Embedded)</b>	\$5,000 per Individual \$10,000 per Family	\$10,000 per Individual \$20,000 per Family
<b>Coinsurance</b>	Plan pays 60%	Plan pays 40%
<b>Out-of-Pocket Maximum (Non-PPO providers do not satisfy the PPO provider Out-of-Pocket)</b>	\$7,350 per Individual \$14,700 per Family	\$15,000 per Individual \$30,000 per Family
<b>Preventative Care Provisions</b>	No Deductible, No Copay as required under the law	Not Covered
<b>Professional Outpatient Office Visits</b>		
<b>Primary Care</b>	\$30 Copay per visit; \$0 if www.1800md.com (1-800-530-8666) used	40% after Deductible
<b>Specialist</b>	\$75 Copay per visit	
<b>Mental Health</b>	\$60 Copay per visit	
<b>Substance Abuse</b>	\$60 Copay per visit	
<b>Diagnostic Testing</b>		
<b>Doctors Office - Lab, X-rays &amp; Imaging</b>	\$30 Copay per visit	40% after Deductible
<b>Independent Facility - Lab, X-rays &amp; Imaging (e.g., MRI, MRA, PET, CT)</b>	60% after Deductible	40% after Deductible
<b>Inpatient Hospital Services</b>	60% after Deductible	No out of network Treated as RBR
<b>Medical Services and Facility</b>	60% after Deductible.	
<b>Anesthesiologist &amp; Surgeon Fees (Assistants at 20% of Primary)</b>	60% after Deductible	
<b>Mental Health &amp; Substance Abuse</b>	60% after Deductible	
<b>Outpatient Surgical &amp; Diagnostic</b>		
<b>Medical Services</b>	60% after Deductible	No out of network Treated as RBR
<b>Facility Charges</b>	60% after Deductible	
<b>Emergency Services</b>		
<b>Hospital Emergency Room</b>	\$600 Copay for facility and \$600 Copay for physician; then 60%, no Deductible. Copays waived if admitted directly to the Hospital from the Emergency Room.	No out of network Treated as RBR
<b>Urgent Care Visits</b>	\$60 Copay per visit	\$100 Copay per visit
<b>Ambulance - Ground</b>	60% after Deductible	40% after Deductible
<b>Ambulance - Air</b>	Deductible, then Covered at 60%, Limit \$7,500 maximum per trip for air ambulance	Deductible, then Covered at 40%, Limit \$7,500 maximum per trip for air ambulance
<b>Prescription Drugs* - Generic/Formulary/Non-Formulary/Specialty</b>	\$20/\$50/\$80/50%; 2 times Mail-order; SEE NOTES	Not Covered
<b>Supplemental Services</b>		
<b>Home Health</b>	60% after Deductible; Limit 100 Visits per Plan Year	40% after Deductible; Limit 100 Visits per Plan Year
<b>Occupational Therapy</b>	60% after Deductible; Limit 20 Visits per Plan Year	40% after Deductible; Limit 20 Visits per Plan Year
<b>Physical Therapy</b>	60% after Deductible; Limit 20 Visits per Plan Year	40% after Deductible; Limit 20 Visits per Plan Year
<b>Speech Therapy</b>	60% after Deductible; Limit 20 Visits per Plan Year	40% after Deductible; Limit 20 Visits per Plan Year
<b>Private Duty Nursing</b>	60% after Deductible; Limit 10 Visits per Plan Year	40% after Deductible; Limit 10 Visits per Plan Year
<b>Skilled Nursing</b>	60% after Deductible; Limit 60 Days per Plan Year	40% after Deductible; Limit 60 Days per Plan Year
<b>Epidural Injections</b>	60% after Deductible; Limit 10 Visits per Plan Year	40% after Deductible; Limit 10 Visits per Plan Year
<b>Non-Surgical Treatment of the Spine</b>	60% after Deductible; \$1,000 per Plan Year	40% after Deductible; \$1,000 per Plan Year
<b>Hospice Care</b>	60% after Deductible	40% after Deductible
<b>TMJ</b>	60% after Deductible; \$1,000 Lifetime Maximum Benefit	40% after Deductible; \$1,000 Lifetime Maximum Benefit
<b>Allergy Treatment</b>		
<b>Testing and Injections</b>	\$30 Copay per visit	40% after Deductible
<b>Serum</b>	\$100 Copay per visit	
<b>Durable Medical Equipment</b>	60% after Deductible	40% after Deductible

Network Providers have agreed to accept the Maximum Allowable Charge (MAC) as payment in full. However, when you receive services from Non-Network providers, you are responsible for any amounts over UCR, i.e., the reimbursement level is either the 50 percentile of Usual, Customary, Reasonable charges or 150% of Medicare Allowed). Non-Network providers may charge considerably higher amounts. Therefore, if the billed amount exceeds the UCR, your provider may bill you for the difference. It is best to utilize network providers whenever possible. These amounts over the UCR, while the responsibility of the Covered Person, do not apply toward deductible or out-of-pocket maximums. Please refer to your Summary Plan Description (SPD) for details. The SPD is the final determination of all benefits.

\* Prescription Drugs - You pay the difference if a generic is available, even if doctor requested otherwise. Drugs subject to Cigna programs for Prior Authorization, Step Therapy and Exclusive Specialty. Copays shown are per prescription, mail-order copay is two times for a 90-day supply.

**Pre-Certification Penalty:** Certain procedures or medical care require pre-certification in order to qualify for full benefits. Failure to pre-certify will result in a \$400 penalty per service, procedure or confinement. Please refer to the Pre-Certification section in your SPD for details.

**Emergency Admissions Penalty:** In the case of an Emergency Admission, the member must call the toll-free number listed on the medical identification card within 48 hours after admission or on the next

**Copayments-** Copayment does not apply towards deductibles or coinsurance but does apply to maximum out-of-pocket limits

**Please Note:** This schedule applies as indicated in the SPD. *This schedule must be read in conjunction with the entire Summary Plan Description and has no full meaning by itself.*

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## PPO 5000/60 - Health Plan Options

<b>Plan Year Deductible</b>	An individual with family coverage will only be required to meet the individual deductible amount before the coinsurance begins. Deductible does not apply to Preventive Care Provisions. Eligible claims incurred in the PPO
<b>Coinsurance</b>	Coinsurance is the share of the cost of a covered service, calculated as a percent of the allowed amount of the service.
<b>Out-of-Pocket Maximum</b>	All allowed deductibles, coinsurance, copayments and pre-certification penalties apply to the Out-of-Pocket Maximum. An individual with family coverage will only be required to meet the individual out-of-pocket maximum. Eligible claims incurred in the PPO Network apply to the Out-of-Network Out-of-Pocket Maximum; however, the Out-of-Network eligible claims do NOT apply to the PPO Network Out-of-Pocket Maximum.
<b>Preventative Care Provisions</b>	In-Network charges for preventative care services coverage are at no cost sharing. Out-of-Network preventative care is
<b>Professional Outpatient Office Visits</b>	These charges are billed by the physician for time spent with the patient. Office visits do not include charges for diagnostic, surgical, or medical procedures performed by the physician.
<b>Primary Care</b>	
<b>Specialist</b>	
<b>Mental Health</b>	
<b>Substance Abuse</b>	Mental Health and Substance Abuse coverage excludes counseling for behavioral disorders.
<b>Independent Diagnostic Testing Facility</b>	These charges are billed by an independent facility, separate from any charges billed by the requesting physician.
<b>X-rays &amp; Adv. Imaging (e.g., MRI, MRA, PET, CT)</b>	
<b>Independent Clinical Labs - Blood Work</b>	
<b>Outpatient Surgical &amp; Diagnostic</b>	Includes outpatient services, miscellaneous medical procedures & supplies, diagnostic & therapeutic procedures and surgery at a physician's office, freestanding surgery center, or hospital (when approved).
<b>Medical Services</b>	
<b>Facility Charges</b>	
<b>Emergency Services</b>	
<b>Hospital Emergency Room</b>	Urgent care visits include charges for diagnostic, surgical or medical procedures.
<b>Urgent Care Visits</b>	
<b>Ambulance - Ground</b>	
<b>Ambulance - Air</b>	
<b>Prescription Drugs</b>	If generics are available and a brand name is purchased, then the covered person must pay the copay PLUS the
<b>Short-Term Rehabilitation Services</b>	Includes therapies performed in the provider's office or non-hospital based facility only.
<b>TMJ</b>	There is a lifetime benefit for these services.