



Pre 65 Retiree Plan
Effective January 1, 2014



	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$200	\$400
Family	\$400	\$800
Out-of-Pocket Maximum¹		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance	90%	70%

Covered Services	In-Network	Out-of-Network
Emergency/Urgent Care Services		
Emergency Room Visit	\$75 Co-payment per visit <i>(Co-payment waived if admitted)</i>	
Emergency Room Physicians	90% subject to deductible	90% of R&C subject to deductible
Urgent Care Services	\$35 Co-payment per visit	70% of R&C subject to deductible
Hospital Facility Only		
Inpatient Services	90% subject to deductible	70% of R&C subject to deductible
Outpatient Services	90% subject to deductible	70% of R&C subject to deductible
Surgical Services		
Outpatient Surgery Center	90% subject to deductible	70% of R&C subject to deductible
Office Surgery	90% subject to deductible	70% of R&C subject to deductible
Surgeon Services	90% subject to deductible	70% of R&C subject to deductible
Anesthesia Services	90% subject to deductible	70% of R&C subject to deductible
Reproductive Care		
Pre and Postpartum Maternity Care Visits	\$20 Co-payment initial visit only	70% of R&C subject to deductible
Childbirth Education classes	Not Covered	Not Covered

¹ Excludes Prescription Co-payments and Coinsurance, Prior Authorization Penalties and amounts over Reasonable and Customary Charges.



Covered Services	In-Network	Out-of-Network
Elective Sterilization	See the surgical services benefit	See the surgical services benefit
Infertility Diagnosis and Medical Treatment	90% subject to deductible (office visit co-payment will apply if applicable)	70% of R&C subject to deductible
Fertility Treatments	Not Covered	Not Covered
Mental Health and Substance Abuse/Alcohol Abuse Services		
Inpatient	90% subject to deductible	70% of R&C subject to deductible
Outpatient	\$20 Co-payment per visit	70% of R&C subject to deductible
Detoxification	90% subject to deductible	70% of R&C subject to deductible
Residential	Not Covered	Not Covered
Preventive Care Services		
Adult Routine Well Care Visit	100%	70% of R&C subject to deductible
Child Routine Well Care Visit	100%	70% of R&C subject to deductible
Other Well Care Services (As defined by Health Care Reform)	100%	70% of R&C subject to deductible
Medical Services		
Allergy Tests	90% subject to deductible	70% of R&C subject to deductible
Desensitization Treatment	100%	70% of R&C subject to deductible
Specialist Office Visits	\$25 Co-payment per visit	70% of R&C subject to deductible
Primary Physician Office Visits	\$20 Co-payment per visit	70% of R&C subject to deductible
Services performed during a physician's office visit	90% subject to deductible	70% of R&C subject to deductible
Convenience Clinics	\$20 Co-payment per visit	70% of R&C subject to deductible
Inpatient Physician Services	90% subject to deductible	70% of R&C subject to deductible
Outpatient Physician Services	90% subject to deductible	70% of R&C subject to deductible



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Other Services		
Ambulance Services	90% subject to deductible	70% of R&C subject to deductible
Non Emergent Transport	90% subject to deductible	70% of R&C subject to deductible
Diabetic Supplies <i>(Monitors when provided in conjunction with supplies, Lancets, Test Strips and Control Solutions)</i>	100%	70% of R&C subject to deductible
Durable Medical Equipment	90% subject to deductible	70% of R&C subject to deductible
Habilitative Care Services <i>(limited to 20 visits each per year for speech and occupational therapy; 20 hours per week for clinical therapeutic intervention; and 30 visits per year for mental/behavioral health)</i>	90% subject to deductible; \$20 copay/visit for mental/behavioral health services	70% of R&C subject to deductible
Home Health Care <i>(limited to 120 days)</i>	90% subject to deductible	70% of R&C subject to deductible
Hospice Care	90% subject to deductible	70% of R&C subject to deductible
Rehabilitative/Therapy Services <i>(limited to 60 visits per year; includes physical, occupational, speech, cardiac, chiropractic and acupuncture)</i>	90% subject to deductible	70% of R&C subject to deductible
Skilled Care Facility <i>(limited to 120 days)</i>	90% subject to deductible	70% of R&C subject to deductible
Diagnostic X-ray & Laboratory Services	90% subject to deductible	70% of R&C subject to deductible
TMJ <i>(limited to \$3,000 per lifetime for non surgical treatment)</i>	90% subject to deductible (office visit co-payment will apply if applicable)	70% of R&C subject to deductible
Transplants	90% subject to deductible	70% of R&C subject to deductible
All Other Covered Services	90% subject to deductible	70% of R&C subject to deductible