

	Pre-certification	Limitations	In-network	Out-of-network
<b>Inpatient Hospital Services performed and billed by a hospital</b>				
Inpatient Hospital Coverage	YES	365 days per confinement	IP Hospital Copay	Deductible & Coinsurance
Skilled Nursing Facility Care	YES	2 days care in SNF=1 day hospital care	Covered in Full	Deductible & Coinsurance
Inpatient Admission for Medical Rehabilitation (i.e. PT, Physical Medicine and Rehabilitation)	YES	30 days per calendar year	IP Hospital Copay	Deductible & Coinsurance
Hospice Care - inpatient and outpatient	YES	210 days per lifetime	Covered in Full	Covered in-network only
Failure to Pre-certify will result in a 50% maximum penalty up to \$1000 day , \$2000 max per confinement				
<b>Outpatient Hospital Services performed and billed by a hospital or facility</b>				
Pre-Admission Testing			Covered in Full	Deductible & Coinsurance
Ambulatory Surgery facility charge (free standing )	YES		Ambulatory Surgery Copay	Deductible & Coinsurance
Ambulatory Surgery facility charge ( OPD hospital)	YES		Ambulatory Surgery Copay	Deductible & Coinsurance
Home Health Care Services	YES	200 visits per calendar year	Covered in Full	Deductible & Coinsurance
Diagnostic Lab /Radiology	YES	Pre-cert required for Radiology in-network services only	Diagnostic Copay, No copay for unmarried dependent children and unmarried dependent students.	Deductible & Coinsurance
Preventive Mammography and Pap Smear & Prostate Screening			Covered in Full	Deductible & Coinsurance
Failure to Pre-certify will result in a 50% maximum penalty				
<b>Medical Services performed and billed by a Physician or other Medical Provider</b>				
Office visits and diagnostic Copayment for dependent child(ren)/students			No copay for unmarried dependent children and unmarried dependent students.	Deductible & Coinsurance
Office visit copayment, including Outpatient clinic visits			OV Copay Charge per visit	Deductible & Coinsurance
Specialist Office Visits			OV Copay Charge per visit.No copay for unmarried dependent children and unmarried dependent students	Deductible & Coinsurance
Maternity Pre-Postnatal Care			Covered in Full	Deductible & Coinsurance
Annual Physical Check-up (Adult)			Covered in Full	Deductible & Coinsurance
Preventive Mammography and Pap Smear & Prostate Screening			Covered in Full	Deductible & Coinsurance
Chiropractic Care			OV Copay Charge per visit.No copay for unmarried dependent children and unmarried dependent students	Deductible & Coinsurance
Physical Therapy, Osteopathic Manipulation, Occupational Therapy		30 visits per calendar year	OV Copay Charge per visit.No copay for unmarried dependent children and unmarried dependent students	Deductible & Coinsurance
Speech Therapy		10 Visits per calendar year	OV Copay Charge per visit.No copay for unmarried dependent children and unmarried dependent students	Deductible & Coinsurance
Outpatient Surgery		Office	Covered in Full	Deductible & Coinsurance
		OP hospital	Covered in Full	Deductible & Coinsurance
		Ambulatory freestanding	Covered in Full	Deductible & Coinsurance
Inpatient Surgery			Covered in Full	Deductible & Coinsurance
DME:	(Precert required when the amt is > \$2000)	\$10,000 Calendar year max	Covered in Full, up to Calendar year max	Covered in-network only
Diagnostic Lab <sup>1</sup>		Providers office/ Free Standing Facility	Diagnostic Copay, No copay for unmarried dependent children and unmarried dependent students.	Deductible & Coinsurance
Diagnostic Radiology <sup>1</sup>	YES	Providers office/ Free Standing Facility Pre-cert required in-network only	Diagnostic Copay, No copay for unmarried dependent children and unmarried dependent students.	Deductible & Coinsurance
Failure to Pre-certify will result in a 50% maximum penalty				
<b>Well baby and Child Care</b>				
Well baby and Well Child Care, including Immunizations		up to age 19	Covered in full	Deductible & Coinsurance
<b>Emergency Coverage</b>				
Emergency Room Care facility copay		ER Copay , waived if admitted	ER Facility Copay	ER Facility Copay
Emergency Ground Ambulance			N/A	Covered up to 100% of U & C . ded & coins waived
<b>Inpatient Mental Health &amp; Chemical Dependency</b>				
Inpatient Mental Health	YES-applies to in-network only	30 days /cal.yr, no limits for biological based	IP Hospital Copay	Deductible & Coinsurance
Chemical Dependency: Detoxification	YES-applies to in-network only	7 days per calendar year	IP Hospital Copay	Deductible & Coinsurance
Chemical Dependency: Rehabilitation	YES-applies to in-network only	30 days cal yr	IP Hospital Copay	Deductible & Coinsurance
<b>Outpatient Mental Health &amp; Chemical Dependency</b>				
Outpatient Chemical Dependency	YES-applies to in-network only	60 visits per calendar year, up to 20 family visits	Covered in full	Deductible & Coinsurance
Outpatient Mental Health	YES-applies to in-network only	30 visits per calendar year, no limits for biological based	OV Copay Charge per visit.No copay for unmarried dependent children and unmarried dependent students	Deductible & Coinsurance
Failure to Pre-certify will result in a 50% maximum penalty				
<b>Vision</b>				
Exam		Davis Vision Providers Only Eligibility : All ages	One eye exam biennial, (once every 24 months) for all ages. \$10 OV copay Adults, no copay for dependent child(ren) and unmarried dependent students. only	Covered through Davis Vision Providers only
Frames, Lenses, Contacts		Eligibility : Children under the age of 19	Lenses, Frames, contacts (in lieu of frames and lenses), one biennial, (once every 24 months for children under the age of 19. \$20 copay	
<b>Prescription Coverage</b>				

<sup>1</sup> Non participating providers (anesthesiologist, radiologist, pathologist, asst surgeon) in a network Hospital, Facility, OPD, ambulatory facility or office is covered up to 100% of HIAA at the 90th%ile .

The benefits described here in are only brief highlights of the coverage available. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.