

Physician Services

- | | <u>Amount Covered</u> |
|--|---|
| • Physician office visits including: | All charges over \$25 per visit |
| Periodic physical exams | Pap smears |
| Well baby & child care | Hearing exams |
| Family planning services | Voluntary sterilization |
| • Immunizations | 100% |
| • Maternity care (pre- and postnatal services) | 100% |
| • Injections | 100% |
| • Vision exams | All charges over \$25 per visit per visit
<i>(limitations apply)</i> |

Inpatient Hospital Services

- | | |
|---|----------------------|
| • Unlimited days in semi-private room | 80% after deductible |
| • Special care units | 80% after deductible |
| • Necessary ancillary hospital services | 80% after deductible |
| • Surgery and related services | 80% after deductible |
| • Anesthesia and its administration | 80% after deductible |
| • Transplant services | 80% after deductible |
| • Maternity care (hospital services) | 80% after deductible |
| • Physician services including consultation | 80% after deductible |
| • Physician obstetrical services) | 100% |

Emergency Care

- | | |
|--|--|
| • At hospital emergency room (network or non-network) | All charges over \$60 per visit
<i>(waived if admitted)</i> |
| • At network urgent care facility | All charges over \$30 per visit
<i>(after hours services)</i> |
| • At non-network physician's office outside service area | All charges over \$25 per visit |

Outpatient Hospital Services

- | | <u>Amount Covered</u> |
|--|-----------------------|
| • Laboratory tests | 100% |
| • Diagnostic X-rays (including mammograms) | 100% |
| • Outpatient CT scans, PET scans, MRI and nuclear medicine | 80% after deductible |
| • Outpatient surgery | 80% after deductible |
| • Voluntary sterilization | 80% after deductible |

Mental Health, Alcoholism and Substance Abuse Services

- | | <u>Amount Covered</u> |
|---|---|
| • Inpatient mental health | 30 days at 80% after deductible |
| • Outpatient mental health | Up to 20 visits per calendar year with \$25 copayment per visit |
| • Intermediate care for substance abuse | 80% after deductible
<i>(maximums apply)</i> |
| • Outpatient services for alcoholism, substance abuse | All charges over \$25 per visit
<i>(maximums apply)</i> |

Other Services

- | | |
|--------------------------------------|---|
| • Home health agency services | 60 visits at 80% after deductible
<i>(maximums apply)</i> |
| • Skilled nursing facility | 100 days at 80% after deductible
<i>(maximums apply)</i> |
| • Hospice care | 100%
<i>(maximums apply)</i> |
| • Ambulance services | 80% after deductible |
| • Prosthetics | 80% after deductible ¹ |
| • Durable medical equipment | 80% after deductible
<i>(limitations apply)</i> |
| • Outpatient rehabilitation services | All charges over \$25 per visit
<i>(limitations apply)</i> |
| • Infertility services | 50% after deductible
<i>(maximums apply)</i> |
| • Chiropractic services | 18 visits with \$20 copayment per visit |

¹Not covered for normal wear and damage

Deductibles and Copayment Maximums

The annual deductible is \$500 Per Covered Person, not to exceed \$1000 per all Covered Persons in a family. The annual deductible does not apply to preventive health measures.

The maximum copayment for all health services per calendar year is \$1500 per Covered Person (not to exceed \$3000 per family). Copayments charged as a flat dollar amount do not apply to this maximum.

The out of pocket maximum does not include the annual deductible.

Except as may be specifically provided through a Rider to the Policy, exclusions include:

- Dental care
- Cosmetic Surgery
- Experimental procedures
- Hearing aids
- Prescription drugs

For additional information about exclusions, contact our Customer Service Department, or review the Physicians Health Plan of Mid-Michigan Certificate of Coverage for this benefit plan.

Member materials, including the PHPMM Certificate of Coverage, can be found online at our Member Packet Portal. Members may access the Member Packet Portal through our web site at www.phpmm.org.

This policy is not subject to a pre-existing condition limitation

Important Information

Except in an emergency, medically necessary and preventive health care services must be provided, arranged or authorized through PHPMM and its participating physicians.

All mental health, alcoholism and substance abuse services must be provided, or authorized in advance by the plan's Mental Health/Substance Abuse Designee.

This Summary of Benefits is intended only to highlight the benefits provided by PHPMM and should not be relied upon to fully determine coverage. This health plan may not cover all health care expenses. Please refer to the PHPMM Certificate of Coverage for a complete listing of covered services, limitations and exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the policy issued to the enrolling group, the policy will prevail. For answers to questions about information that appears in the summary, call our Customer Service Department at (517) 364-8500 or (800) 832-9186.

