

**BENEFITS HIGHLIGHT  
EXCLUSIVE PROVIDER ORGANIZATION (EPO III)**

PLEASE REFER TO THE RULES AND REGULATIONS AND SCHEDULE OF BENEFITS FOR PROVISIONS, LIMITATIONS AND MAXIMUMS.

<u>Description</u>	<u>Participant Pays</u>
Physician's Office	\$35 per visit during scheduled office hours \$50 per visit after scheduled office hours
Specialty Care	\$50 per visit
Laboratory	100% benefit
Eye Refraction Limit One Eye Exam Every 12 Months	\$35 per visit
Hospital	\$1000 per admission
Outpatient Surgery	\$500 per visit
Observation Unit	\$500 per visit
Mammogram	100% benefit
Emergency Care Hospital Emergency Room or Other Emergency Facility	\$100 per visit (waived if admitted to hospital)
Physician's Office - After Hours	\$50 per visit
Out of Area Urgent/Follow-up	\$400 maximum per calendar year
MRI's, CT Scans	\$75 per scan
PET Scans and SPECT Scans	\$150 per scan
Ambulance	\$75 per trip
Chiropractic (Manipulation of spine)	\$35 per visit
Mental Health and Chemical Dependency Services	
Outpatient	\$50 per Visit
Inpatient	\$50 per full day, \$25 per partial day
Total out of pocket	\$3,500 Single \$7,000 Family

**HOSPITAL PRE-ADMISSION CERTIFICATION IS REQUIRED BY THE PARTICIPANT'S ADMITTING PHYSICIAN.**

**NOTE: OTHER PROVISIONS, LIMITATIONS, AND MAXIMUMS APPLY.**

**ANNUAL MAXIMUM**

<b><u>Description</u></b>	<b><u>Benefit Limit</u></b>
Durable Medical Equipment	\$5,000*
Mental Health & Chemical Dependency Services	20 outpatient visits or 30 inpatient days
Chiropractic	\$1000

**LIFETIME MAXIMUM**

<b><u>Description</u></b>	<b><u>Benefit Limit</u></b>
Glucometer	1 per lifetime
Peak Flow Meter	1 per lifetime
Mental Health & Chemical Dependency Services	100 visits/days
Maximum Benefit while Covered	Limited to \$3,000,000 benefit maximum

\*Prior authorization is required