

Southern Health Systems
August 28, 2001

BENEFIT	PREFERRED CARE (PMD)	NON-PREFERRED CARE (NON-PMD)
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INPATIENT HOSPITAL FACILITY SERVICES

Deductibles and Copay	\$200 inpatient deductible per admission	
Inpatient Facility Coverage (including maternity)	100% coverage for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries. Note: In Alabama, inpatient benefits for non-member hospitals are available only in cases of accidental injury. Reimbursement of \$10 per day for room and board and 75% for covered ancillaries.	
Preadmission Certification	All hospital admissions require preadmission certification, except maternity. Emergency admissions require certification within 48 hours of admission. For preadmission certification, call 800-248-2342 (toll-free). If preadmission certification is not obtained, no benefits are available.	
Individual Case Management	A program to assist employees and their families in coordinating care in the event of a lengthy illness. This includes a Care Management program for chronic conditions such as asthma, diabetes, coronary artery disease and congestive heart failure.	

OUTPATIENT HOSPITAL FACILITY SERVICES

Outpatient Surgery	Covered at 100% of the allowance subject to the \$50 facility copay.	Covered at 100% of the allowance subject to the \$50 facility copay.
Medical Emergency	Covered at 100% of the allowance subject to the \$50 facility copay.	Covered at 80% of the allowance subject to the \$500 calendar year deductible.
Accidental Injury	Covered at 100% of the allowance with no deductible or copay.	Covered at 100% of the allowance with no deductible or copay within 72 hours of the accident. Thereafter, covered at 80% of the allowance, subject to the \$500 calendar year deductible.
Hemodialysis	Covered at 100% of the allowance with no deductible or copay.	
Diagnostic Lab, X-ray, and Pathology	Covered at 100% of the allowance with no deductible or copay.	Covered at 80% of the allowance subject to the \$500 calendar year deductible.
IV Therapy, Chemotherapy, and Radiation Therapy	Covered at 100% of the allowance with no deductible or copay.	Covered at 80% of the allowance subject to the \$500 calendar year deductible.

Note: In Alabama, outpatient benefits for non-member hospitals are available only in cases of accidental injury.

PHYSICIAN SERVICES

Office Visits and Outpatient Consultations	Covered at 100% of the PMD allowance subject to the \$20 office visit copay, after the \$500 calendar year deductible.	In Alabama: Covered at 50% of the PMD allowance subject to the calendar year deductible. * Outside Alabama: Covered at 80% of the allowance subject to the calendar year deductible.
Physician Services for Treatment in the Emergency Room	Covered at 100% of the PMD allowance subject to the \$20 office visit copay, after the \$500 calendar year deductible.	In Alabama: Covered at 50% of the PMD allowance subject to the calendar year deductible. * Outside Alabama: Covered at 80% of the allowance subject to the calendar year deductible.
Accident Related Services	Covered at 80% of the PMD allowance after the \$500 calendar year deductible. Increases to 100% when the \$1500 out of pocket is reached every year.	In Alabama: Covered at 50% of the PMD allowance subject to the calendar year deductible. * Outside Alabama: Covered at 80% of the allowance subject to the calendar year deductible.
Surgery and Anesthesia, In-Hospital Visits and Consultations	Covered at 80% of the PMD allowance after the \$500 calendar year deductible. Increases to 100% when the \$1500 out of pocket is reached each year	In Alabama: Covered at 50% of the PMD allowance subject to the calendar year deductible. * Outside Alabama: Covered at 80% of the allowance subject to the calendar year deductible.
Maternity/OB	Covered at 80% of the PMD allowance after the \$500 calendar year deductible. Increases to 100% when the \$1500 out of pocket is reached each year.	In Alabama: Covered at 50% of the PMD allowance subject to the calendar year deductible. * Outside Alabama: Covered at 80% of the allowance subject to the calendar year deductible.
Diagnostic X-rays and Lab Exams	Covered at 80% of the PMD allowance after the \$500 calendar year deductible. Increases to 100% when the \$1500 out of pocket is reached each year.	In Alabama: Covered at 50% of the PMD allowance subject to the calendar year deductible. * Outside Alabama: Covered at 80% of the allowance subject to the calendar year deductible.

PREVENTIVE CARE SERVICES

Inpatient Visits for Routine Newborn Care	Covered at 80% of the PMD allowance after the \$500 calendar year deductible.	Not Covered.
Well Child Care	Covered at 100% of the PMD allowance subject to the \$20 office visit copay after the \$500 calendar year deductible. Includes four visits during the first year of the child's life and one visit each year thereafter through age 5.	Not Covered.
Routine Immunizations (Age limitations apply to certain immunizations)	Covered at 80% of the PMD allowance after the \$500 calendar year deductible.	Not Covered.

Routine Pap Smears	Covered at 80% of the PMD allowance after the \$500 calendar year deductible. Limited to one per year.	Not Covered.
Routine Mammograms	Covered at 80% of the PMD allowance after the \$500 calendar year deductible. Limited to one baseline for females between the ages of 35-39 and one per year for females age 40 and over.	Not Covered.

MENTAL HEALTH AND SUBSTANCE ABUSE

Inpatient Facility Services	Covered at 100% of the allowance subject to the \$200 inpatient per admission deductible. Covers up to 30 days per person each 12 consecutive months.
Inpatient Physician Services	Covered at 80% of the allowance subject to the \$500 calendar year deductible. Physician services are only available as long as inpatient facility services are available.
Outpatient Physician Services	Covered at 50% * of the allowance subject to the \$500 calendar year deductible.

GENERAL PROVISIONS

Calendar Year Deductible	\$500 per person each calendar year; three-member family maximum.
Annual Out of Pocket Maximum	\$1,500 individual annual out of pocket maximum plus the \$500 calendar year deductible.
Lifetime Maximum	\$1,000,000 lifetime maximum for each covered member.

PREFERRED SERVICES

Preferred Occupational Therapy	<p>Preferred in Alabama: Covered at 80% of the allowance subject to the \$500 calendar year deductible, limited to certain services related to the hand.</p> <p>Non-Preferred in Alabama: Covered at 50% * of the allowance subject to the \$500 calendar year deductible, limited to certain services related to the hand.</p> <p>Outside Alabama: Covered at 80% of the allowance subject to the \$500 calendar year deductible, limited to certain services related to the hand.</p>	
Preferred Physical Therapy	<p>Preferred in Alabama: Covered at 80% of the allowance subject to the \$500 calendar year deductible.</p> <p>Non-Preferred in Alabama: Covered at 50% * of the allowance subject to the \$500 calendar year deductible.</p> <p>Outside Alabama: Covered at 80% of the allowance subject to the \$500 calendar year deductible.</p>	
Preferred Durable Medical equipment (DME)	Covered at 80% of the allowance subject to the \$500 calendar year deductible.	Covered at 80% of the allowance subject to the \$500 calendar year deductible.

HOME HEALTH AND HOSPICE

Preferred Home Health and Hospice	<p>Preferred in Alabama: Covered at 80% of the allowance subject to the \$500 calendar year deductible.</p> <p>Non-Preferred in Alabama: No benefits are available if a non-preferred provider is used.</p> <p>Outside Alabama: Covered at 80% of the allowance subject to the \$500 calendar year deductible. Precertification is required, call 800-821-7231.</p>	
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OTHER COVERED SERVICES (The following services are not covered under Preferred Care)

Chiropractor Services	Covered at 80% of the allowance subject to the \$500 calendar year deductible.

Ambulance Services	Covered at 80% of the allowance subject to the \$500 calendar year deductible.
Allergy Testing & Treatment	Covered at 80% of the allowance subject to the \$500 calendar year deductible.

PRESCRIPTION DRUGS

Point of Sale Drug Program	<p>Participating Pharmacy: Generic drugs and brand name drugs covered at 80% of the allowance, subject to the \$500 calendar year deductible.</p> <p>Non-Participating Pharmacy in Alabama: No benefits are available for prescription purchased in a non-Participating Pharmacy in Alabama.</p> <p>Non-Participating Pharmacy Outside Alabama: Benefits are paid like Participating Pharmacy. Member will be responsible for any difference between the agreed-to amount and the actual billed charge.</p>
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This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.

*** These services do not apply to the out of pocket maximums.**

Revised 08/30/01