

Individual Qualified High Deductible PPO Plan Q5001

The following is a Schedule of Benefits available to enrollees of SummaCare's Individual Preferred Qualified HSA compatible Plan, Q5001. Always refer to your Certificate of Insurance as well as this Schedule when you have a questions about your SummaCare plan. For further clarification of specific SummaCare benefits and coverage and for information about how your SummaCare plan works, call Individual Solutions at (888) 996-8675. This plan is underwritten by the Summa Insurance Company (SIC).

Enrollee Services	Enrollee Copayments & Coverage Preferred Provider	Enrollee Copayments & Coverage Non-Preferred Provider
Calendar Year Deductible	\$5000/\$10,000*	\$10,000/\$20,000*
Calendar Year Out of Pocket Maximum <small>(includes deductible)</small>	\$5000/\$10,000	\$20,000/\$40,000
Coinsurance: <small>(what the plan pays)</small>	100%	60% of SummaCare's Maximum Allowable Charge
Lifetime Benefit Maximum	\$3,000,000 Combined	
Inpatient Hospital Services: (required preauthorization)		Coverage Based Upon Maximum Allowable Charge
Inpatient Care (room and board)	100% (subject to deductible)	60% (subject to deductible)
Surgery & Anesthesia	100% (subject to deductible)	60% (subject to deductible)
Physician Services	100% (subject to deductible)	60% (subject to deductible)
Medically Necessary Supplies & Services <small>(e.g., oxygen, blood, crutches, etc.)</small>	100% (subject to deductible)	60% (subject to deductible)
Rehabilitative Services <small>(limited to 60 days after first treatment)</small>	100% (subject to deductible)	60% (subject to deductible)
X-ray, Laboratory & other Diagnostic Services	100% (subject to deductible)	60% (subject to deductible)
Outpatient Services:		
Outpatient Surgery	100% (subject to deductible)	60% (subject to deductible)
Maternity Services: Not Covered under this plan		
Mental Health and Substance Abuse:		
Inpatient (21 days per calendar year)	100% (subject to deductible)	60% (subject to deductible)
Outpatient-postpartum Care (20 visits per calendar year)	100% (subject to deductible)	60% (subject to deductible)
Emergency Room**/Urgent Care Services:		
Any hospital emergency room visit inside or outside of the service area <small>(life or limb threatening)</small>	100% (subject to deductible)	100% (subject to preferred provider deductible)
Urgent Care <small>(urgently needed care that is not life or limb threatening)</small>	100% (subject to deductible)	100% (subject to preferred provider deductible)
Medical Services:		
Preventive Care Rider: The plan you enrolled in features a preventive care rider.	The maximum benefit for all covered services are a total of \$300 per calendar year per family member. Services rendered for allowable preventive care benefits, once the calendar year benefit of \$300 is exhausted, reverts back to the applicable deductible and coinsurance as outlined in this Schedule of Benefits. (Refer to Preventive Care Rider for further details)	60% (subject to deductible) The maximum benefit for all covered services are a total of \$300 per calendar year per family member. Services rendered for allowable preventive care benefits, once the calendar year benefit of \$300 is exhausted, reverts back to the applicable deductible and coinsurance as outlined in this Schedule of Benefits. (Refer to Preventive Care Rider for further details)
Covered Services include: <ul style="list-style-type: none"> • Office visits for routine physical exams • Radiological services associated with physical exams • Well child care, including immunizations, for children under the age of two (Refer to your Certificate of Insurance for Well Child Care limits) • Mammograms for ages 35+ (maximum charge of 130% of Medicare rates per mammogram) 		
Primary Care Office Visits	100% (subject to deductible)	60% (subject to deductible)
Gynecological Visits	100% (subject to deductible)	60% (subject to deductible)
Specialist Office Visits	100% (subject to deductible)	60% (subject to deductible)
Annual Physical Exam	100% (subject to deductible)	60% (subject to deductible)
Preventive Care <small>(includes immunizations, well child care) (Refer to your Certificate of Insurance for Well Child Care limitations)</small>	100% (subject to deductible)	60% (subject to deductible)
X-ray, Laboratory & other Diagnostic Services	100% (subject to deductible)	60% (subject to deductible)
Mammograms <small>(maximum charge of 130% of Medicare rates per mammogram)</small>	100% (not subject to deductible)	60% (subject to deductible)
Infertility Diagnosis	100% (subject to deductible)	60% (subject to deductible)
Allergy Tests & Treatment	100% (subject to deductible)	60% (subject to deductible)

Note: Some services require preauthorization for coverage to apply. Verify Preauthorization list in your Policy. All services are subject to medical necessity.

* Family deductible must be met before any benefits are provided on a family contract.

** An emergency condition is considered an emergency if it is a condition that manifests itself by such acute symptoms of severity, including severe pain, that

a prudent layperson with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

a. Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy.

b. Serious impairments to bodily functions.

c. Serious dysfunctions of any bodily organ or part.

Other Services:

Vision Exam (one routine exam every 24 months)	100% (subject to deductible)	60% (subject to deductible)
Skilled Nursing Facility	100% (limited to 100 days per calendar year) (subject to deductible)	60% (limited to 30 days per calendar year) (subject to deductible)
Home Health Care (limited to 30 visits per calendar year)	100% (subject to deductible)	60% (subject to deductible)
Ambulance Services	100% (subject to deductible)	60% (subject to deductible)
Hospice Services	100% (subject to deductible)	60% (subject to deductible)
Durable Medical Equipment	100% (subject to deductible)	60% (subject to deductible)
Rehabilitative Services (physical and occupational therapies limited to 30 visits per calendar year combined) (speech therapy limited to 30 visits per year) (cardio pulmonary limited to 36 visits per calendar year)	100% (subject to deductible)	60% (subject to deductible)
Chiropractic Services (limited to 10 visits per calendar year)	100% (subject to deductible)	60% (subject to deductible)
Prescription Drugs	100% (subject to deductible)	60% (subject to deductible)

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