

# Summit Care » MEDICAL BENEFITS GRID



Refer to the Summit Care Provider Plan Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

	<b>Contracted Provider</b>	<b>Non-contracted Provider</b>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan year Deductible</b> <i>Does not apply to out-of-pocket maximum</i>	\$250 per individual, \$500 per family	\$500 per individual, \$1,000 per family
<b>Plan year Out-of-Pocket Maximum</b>	\$3,000 per individual, \$6,000 per family	\$5,000 per individual, \$10,000 per family
<b>Maximum Lifetime Benefit</b>	None	\$1,000,000 per individual
<b>Pre-existing Condition Waiting Period</b>	9-month Waiting Period— waived with evidence of prior Creditable Coverage	9-month Waiting Period— waived with evidence of prior Creditable Coverage
<b>Mental Health and Substance Abuse Out-of-Pocket Limits</b> <i>Separate Yearly out-of-pocket maximum</i>	\$3,000 per individual, \$6,000 per family	Not covered
<b>Specialty Drug Out-of-Pocket Maximum</b> <i>Separate Yearly out-of-pocket maximum</i>	\$3,600 per individual per year	\$3,600 per individual per year
<b>INPATIENT FACILITY SERVICES</b>		
<b>Medical and Surgical</b>   <i>Requires pre-notification</i>	80% of MAF after deductible	60% of MAF after deductible
<b>Skilled Nursing Facility</b>   <i>Non-custodial Up to 60 days per plan year. Requires pre-authorization and Medical Case Management</i>	80% of MAF after deductible	60% of MAF after deductible
<b>Hospice</b>   <i>Up to 6 months in a 3-year period. Requires pre-authorization and Medical Case Management</i>	100% of MAF	60% of MAF after deductible
<b>Rehabilitation</b>   <i>Up to \$75,000 Lifetime Maximum. Requires pre-authorization and Medical Case Management</i>	80% of MAF after deductible	60% of MAF after deductible
<b>Mental Health</b>   <i>Requires pre-authorization through Mental Health Care of Utah (MHCU) at 800-541-9432</i>	50% of MAF after deductible	Not covered
<b>Substance Abuse</b>   <i>Requires pre-authorization through Mental Health Care of Utah (MHCU) at 800-541-9432</i>	50% of MAF after deductible	Not covered
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Outpatient Facility and Ambulatory Surgery</b>	80% of MAF after deductible	60% of MAF after deductible
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	80% of MAF after deductible	80% of MAF after deductible
<b>Emergency Room</b> <i>Medical emergencies only, as determined by PEHP</i>	100% of MAF after \$75 copayment per visit	100% of MAF after \$150 copayment per visit
<b>Urgent Care Facility</b>	100% of MAF after \$30 copayment per visit	60% of MAF after deductible
<b>Diagnostic Tests, X-rays, Minor</b> <i>For each test allowing \$350 or less</i>	100% of MAF	60% of MAF after deductible
<b>Diagnostic Tests, X-rays, Major</b> <i>For each test allowing more than \$350</i>	80% of MAF after deductible	60% of MAF after deductible
<b>Chemotherapy, Radiation, and Dialysis</b> <i>Dialysis with non-contracted providers requires pre-authorization</i>	80% of MAF after deductible	60% of MAF after deductible
<b>Physical and Occupational Therapy</b> <i>Limited to 28 visits per plan year for both therapy types combined. Requires pre-authorization after 16 visits.</i>	100% of MAF after applicable office copayment per visit	60% of MAF after deductible

MAF = Maximum Allowable Fee

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	<b>Contracted Provider</b>	<b>Non-contracted Provider</b>
<b>PROFESSIONAL SERVICES</b>		
<b>Inpatient Physician Visits</b>	100% of MAF after applicable copayment per visit	60% of MAF after deductible
<b>Surgery and Anesthesia</b>	80% of MAF after deductible	60% of MAF after deductible
<b>Primary Care Office Visits, Office Surgeries and Emergency Room Specialist</b>	100% of MAF after \$15 copayment per visit	60% of MAF after deductible
<b>Specialist Office Visits, Office Surgeries and Emergency Room Specialist</b>	100% of MAF after \$20 copayment per visit	60% of MAF after deductible
<b>Diagnostic Tests, X-rays, Minor</b> <i>For each test allowing \$350 or less</i>	100% of MAF	60% of MAF after deductible
<b>Diagnostic Tests, X-rays, Major</b> <i>For each test allowing more than \$350</i>	80% of MAF after deductible	60% of MAF after deductible
<b>Immunizations</b>	100% of MAF	60% of MAF after deductible
<b>Mental Health and Substance Abuse</b> <i>Requires pre-authorization through Mental Health Care of Utah (MHCU) at 800-541-9432</i>	<b>Outpatient:</b> 100% of MAF after applicable office copayment per visit. <b>Inpatient:</b> 50% of MAF after deductible	Not covered
<b>PRESCRIPTION DRUGS</b>		
<b>Retail Pharmacy</b>   <i>Up to 30-day supply</i>	<b>Preferred generic:</b> \$10 copayment <b>Preferred brand name:</b> \$25 copayment <b>Non-preferred:</b> \$50 copayment	Plan pays up to the discounted cost, minus the preferred copayment. Member pays any balance
<b>Mail-Order</b>   <i>90-day supply</i>	<b>Preferred generic:</b> \$20 copayment <b>Preferred brand name:</b> \$50 copayment <b>Non-preferred:</b> \$100 copayment	Not covered
<b>Specialty Medications, retail pharmacy</b> <i>Up to 30-day supply</i>	80% of MAF. No maximum copayment	Plan pays up to the discounted cost, minus the preferred copayment. Member pays any balance
<b>Specialty Medications, office/outpatient</b> <i>Up to 30-day supply</i>	80% of MAF after deductible. No maximum copayment	60% of MAF after deductible
<b>Specialty Medications, through specialty vendor Accredo</b> <i>Up to 30-day supply</i>	80% of MAF. \$150 maximum copayment	Not covered
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption</b>   <i>See limitations</i>	100% up to \$4,000	100% up to \$4,000
<b>Allergy Serum</b>	80% of MAF after deductible	60% of MAF after deductible
<b>Chiropractic Care</b>   <i>Up to 20 visits per plan year</i>	100% of MAF after applicable office copayment per visit	60% of MAF after deductible
<b>Durable Medical Equipment, DME</b> <i>DME over \$750, rentals, that exceed 60 days, or as indicated in Appendix A of the Master Policy require pre-authorization. Maximum limits apply on many items. See the Master Policy for benefit limits</i>	80% of MAF after deductible	60% of MAF after deductible
<b>Medical Supplies</b>	80% of MAF after deductible	60% of MAF after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires pre-authorization and Medical Case Management</i>	100% of MAF	60% of MAF after deductible
<b>Infertility Services</b> <i>Select services only. See the Master Policy</i>	50% of MAF after deductible	50% of MAF after deductible
<b>Injections</b> <i>Requires pre-authorization if over \$750</i>	<b>Under \$50:</b> 100% of MAF <b>Over \$50:</b> 80% of MAF after deductible	60% of MAF after deductible
<b>Temporomandibular Joint Dysfunction</b> <i>Up to \$1,000 Lifetime Maximum</i>	50% of MAF after deductible	50% of MAF after deductible

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