BENEFITS & SERVICES (AFTER IUA IS MET)

	Basic	Premier	Supreme
Initial Unshared Amounts (IUA)	$1000	$2500	$5000
Primary Care Physician(3)	3 per year $40 fee	3 per year $45 fee	3 per year $50 fee
Specialist	$55 fee eligible	$55 fee Eligible	$70 fee eligible
Urgent Care (1)	2 per year $70 fee	2 per year $70 fee	3 per year $70 fee
Emergency Room(1)	$350 Visit fee (2)	$350 visit fee(2)	$350 visit fee(2)
Inpatient Hospital (1)	eligible after IUA	eligible after IUA met	eligible after IUA
Outpatient Surgery (1) (in a Ambulatory facility)	eligible after IUA met	eligible after IUA met	eligible after IUA
PT/OT therapy (1)	10 Visits $40 fee	10 visits $40 Fee	10 visits $40 fee
Laboratory Services	not eligible	not eligible	not eligible
Physical/Wellness visit	1 low/no cost yrly.	1 low/no cost yrly	1 low/no cost yrly.
Preventive Services	*not shared	*not shared	*not shared
Maternity (1)	not eligible	not eligible	eligible
Maximum Limit Per Incident	MSA(1)	MSA(1)	MSA(1)
Lifetime Sharing Maximum	**TBD(1)	**TBD(1)	**TBD(1)

*- Means that the preventive screening are not shared exceptions - colonoscopy, mammograms and (typically according to factors like age, diagnosis and more, limitations may apply. See Prevention and Screenings brochure for more information. Any service below your IUA is your responsibility**TBD denotes that it is To Be Determine. It's too early to determine . We will be transparent and forth coming with this information. (1)-denotes that the Maximum Sharing Limit per Incident has limitations (2)-means this fee is not shareable (3)Primary care physician includes the Annual physical/wellness visit. Maternity must enroll in at least the Member & spouse or the Family's program .Major medical services like In hospital / outpatient services are limited to 60% of (1) IUA..These are all Guidelines Policies.