

# PBT Major Medical High Deductible Plan

BENEFIT DESCRIPTION	In-Network	Out-of-Network
<b>Calendar Year Deductible – Individual</b>	\$10,000 or \$27,500	\$15,000 or \$40,000
<b>Calendar Year Deductible – Family</b>	Maximum of 2 per family	Maximum of 2 per family
<b>Your Annual Out-of-Pocket Maximum – Individual</b>	Deductible Amount	\$7,500 + Deductible
<b>Your Annual Out-of-Pocket Maximum – Family</b>	Family Deductible Amount	\$15,000 + Family Deductible Amount
<b>Preventive Services*</b>	100%, Deductible Waived	Subject to Deductible and Coinsurance
<b>Second Surgical Opinion</b>	Payable at 100%,	Subject to Deductible and Coinsurance
<b>Mental Nervous &amp; Substance Abuse</b> Inpatient – 30 days maximum per calendar year Outpatient – 50 visit maximum per calendar year	Inpatient payable at 100%. Outpatient visits payable at 70%  Deductible satisfaction required	Inpatient payable at 70%. Outpatient visits payable at 50%  Deductible satisfaction required
<b>Immunizations for Children ages (0-19)</b>	Payable at 100%. Not Subject to Deductible	
<b>Outpatient Prescription Drugs</b>	All prescription drugs will be applied toward the in-network deductible and coinsurance	

## In-Network Benefit Details:

- The family deductible is limited to 2 individual deductibles per family.
- The plan covers eligible expenses at 100% after satisfaction of the calendar year deductible.

## Out-of-Network Benefit Details:

- The family deductible and annual out-of-pocket maximum is limited to 2 per family.
- After satisfaction of the calendar year deductible the plan covers 70% of eligible charges until the \$7,500 individual or \$15,000 family out-of-pocket is satisfied, then 100%.

Pre-certification Requirements: Benefits are subject to a penalty of \$200 per occurrence for in-patient hospital admissions, except for vaginal and caesarian deliveries, and certain out-patient procedures. There is a separate non-compliance penalty for organ transplants

\* Preventive Benefits include and are not limited to: Routine Mammograms and PSA Test, routine Sigmoidoscopy/Colonoscopy Limited based on the American Cancer Guidelines; and, Immunizations for children between 0-19; deductible satisfaction not required. Preventive Benefits also includes a Wellness Benefit which covers your routine physical exams, labs, test, and immunizations

This chart is a brief explanation of this plan and is not a contract. Individuals who become covered under the program will receive a Certificate of Insurance defining the coverage. In the event of any conflict or inconsistency between the benefits described in this chart and the provisions of the Certificate of Insurance, the terms and conditions of the Certificate of Insurance shall govern in all aspects.