

2008

QUALIFIED HIGH DEDUCTIBLE PLANS
FOR INDIVIDUALS



PreferredOne Open Access Network 200

- www.preferredone.com
- Find A Provider
- Open Access Network 200



PreferredOne®
INSURANCE COMPANY

www.preferredone.com

Product Option PIC 5180		
Provision	Participating Provider Benefit	Non-Participating Provider Benefit
SUBSCRIBER ONLY – Deductible – Out-of-Pocket Limit – Maximum Lifetime Benefit	\$1,500 combined for participating and non-participating provider per calendar year. \$4,000 for participating provider per calendar year; \$5,000 combined for participating and non-participating provider per calendar year. \$3,000,000 combined for participating and non-participating provider.	
FAMILY (subscriber and dependents) – Deductible – Out-of-Pocket Limit – Maximum Lifetime Benefit	\$3,000 per family combined for participating and non-participating provider per calendar year. \$7,500 per family for participating provider per calendar year; \$10,000 per family combined for participating and non-participating provider per calendar year. \$3,000,000 per family member combined for participating and non-participating provider.	
	COVERED	COVERED
Preventive Care Services		
Routine health physicals, immunizations, laboratory tests, pathology and radiology	100% of eligible charges after the deductible. \$500 maximum benefit per member per calendar year. Subject to the deductible.	60% of eligible charges after the deductible.
Cancer screenings –mammograms, PSA tests, pap smears	100% of eligible charges after the deductible.	60% of eligible charges after the deductible.
Prenatal care and child health services	100% of eligible charges. No deductible.	60% of eligible charges after the deductible.
Office Visits		
Sickness or injury	80% of eligible charges after the deductible.	60% of eligible charges after the deductible.
Prenatal care	See Prenatal care and child health services under Preventive Care Services.	See Prenatal care and child health services under Preventive Care Services.
Allergy injections	80% of eligible charges after the deductible.	60% of eligible charges after the deductible.
Hospital Services Notify PIC upon admission to a hospital as soon as medically possible.		
Inpatient Hospital Services	80% of eligible charges after the deductible.	60% of eligible charges after the deductible (coverage limited to 120 days per calendar year for all inpatient services combined).
Outpatient Hospital Services	80% of eligible charges after the deductible.	60% of eligible charges after the deductible.
Urgent Care	80% of eligible charges after the deductible.	60% of eligible charges after the deductible.
Emergency Room Services	80% of eligible charges after the deductible.	Same as Participating Provider Benefit.
Emergency Ambulance Services	80% of eligible charges after the deductible.	Same as Participating Provider Benefit.
Prescription Drugs		
Up to a 31-calendar day supply of prescription drugs, oral contraceptives or one type of insulin	Formulary and non-formulary drugs: 80% of eligible charges after the deductible.	Formulary and non-formulary drugs: 60% of eligible charges after the deductible.
Mail order drugs covered up to 93 days per prescription	Formulary and non-formulary drugs: 80% of eligible charges after the deductible.	Not applicable.
Durable Medical Equipment (“DME”) Services, Prosthetics, and Orthotics		
DME, Orthotics and Prosthetics	80% of eligible charges after the deductible.	60% of eligible charges after the deductible.
Home Health Services		
Home health care as an alternative to hospital confinement or skilled nursing facility care	80% of eligible charges after the deductible.	60% of eligible charges after the deductible.
Prenatal care and child health services	See Prenatal care and child health services under Preventive Care Services.	See Prenatal care and child health services under Preventive Care Services.
Skilled Nursing Facility Care		
Skilled rehabilitation, including room and board	80% of eligible charges after the deductible.	60% of eligible charges after the deductible (coverage limited to 120 days per calendar year for all inpatient services combined).
Daily skilled care as an alternative to hospital confinements	80% of eligible charges after the deductible.	60% of eligible charges after the deductible.
Physical Therapy, Occupational Therapy and Speech Therapy	80% of eligible charges after the deductible.	60% of eligible charges after the deductible.

Chemical Dependency Rider Option	Only applies if selected by subscriber on the Individual Insurance Application Form.	
Office visits	80% of eligible charges after the deductible.	60% of eligible charges after the deductible.
Outpatient services	80% of eligible charges after the deductible.	60% of eligible charges after the deductible.
Inpatient services	80% of eligible charges after the deductible.	60% of eligible charges after the deductible (coverage limited to 120 days per calendar year for all inpatient services combined).

Product Option PIC 5200		
Provision	Participating Provider Benefit	Non-Participating Provider Benefit
SUBSCRIBER ONLY – Deductible – Out-of-Pocket Limit – Maximum Lifetime Benefit	\$2,000 combined for participating and non-participating provider per calendar year. \$2,000 for participating provider per calendar year; \$3,500 combined for participating and non-participating provider per calendar year. \$3,000,000 combined for participating and non-participating provider.	
FAMILY <i>(subscriber and dependents)</i> – Deductible – Out-of-Pocket Limit – Maximum Lifetime Benefit	\$4,000 per family combined for participating and non-participating provider per calendar year. \$4,000 per family for participating provider per calendar year; \$7,500 per family combined for participating and non-participating provider per calendar year. \$3,000,000 per family member combined for participating and non-participating provider.	
	COVERED	COVERED
Preventive Care Services		
Routine health physicals, immunizations, laboratory tests, pathology and radiology	100% of eligible charges after the deductible. \$500 maximum benefit per member per calendar year. Subject to the deductible.	80% of eligible charges after the deductible.
Cancer screenings –mammograms, PSA tests, pap smears	100% of eligible charges after the deductible.	80% of eligible charges after the deductible.
Prenatal care and child health services	100% of eligible charges. No deductible.	80% of eligible charges after the deductible.
Office Visits		
Sickness or injury	100% of eligible charges after the deductible.	80% of eligible charges after the deductible.
Prenatal care	See Prenatal care and child health services under Preventive Care Services.	See Prenatal care and child health services under Preventive Care Services.
Allergy injections	100% of eligible charges after the deductible.	80% of eligible charges after the deductible.
Hospital Services Notify PIC upon admission to a hospital as soon as medically possible.		
Inpatient Hospital Services	100% of eligible charges after the deductible.	80% of eligible charges after the deductible (coverage limited to 120 days per calendar year for all inpatient services combined).
Outpatient Hospital Services	100% of eligible charges after the deductible.	80% of eligible charges after the deductible.
Urgent Care	100% of eligible charges after the deductible.	80% of eligible charges after the deductible.
Emergency Room Services	100% of eligible charges after the deductible.	Same as Participating Provider Benefit.
Emergency Ambulance Services	100% of eligible charges after the deductible.	Same as Participating Provider Benefit.
Prescription Drug		
Up to a 31-calendar day supply of prescription drugs, oral contraceptives or one type of insulin	Formulary and non-formulary drugs: 100% of eligible charges after the deductible.	Formulary and non-formulary drugs: 60% of eligible charges after the deductible.
Mail order drugs covered up to 93 days per prescription	Formulary and non-formulary drugs: 100% of eligible charges after the deductible.	Not applicable.
Durable Medical Equipment (“DME”) Services, Prosthetics, and Orthotics		
DME, Orthotics and Prosthetics	100% of eligible charges after the deductible.	80% of eligible charges after the deductible.
Home Health Services		
Home health care as an alternative to hospital confinement or skilled nursing facility care	100% of eligible charges after the deductible.	80% of eligible charges after the deductible.
Prenatal care and child health services	See Prenatal care and child health services under Preventive Care Services.	See Prenatal care and child health services under Preventive Care Services.
Skilled Nursing Facility Care		
Skilled rehabilitation, including room and board	100% of eligible charges after the deductible.	80% of eligible charges after the deductible (coverage limited to 120 days per calendar year for all inpatient services combined).
Daily skilled care as an alternative to hospital confinements	100% of eligible charges after the deductible.	80% of eligible charges after the deductible.
Physical Therapy, Occupational Therapy and Speech Therapy	100% of eligible charges after the deductible.	80% of eligible charges after the deductible.
Chemical Dependency Rider Option	Only applies if selected by subscriber on the Individual Insurance Application Form.	
Office visits	100% of eligible charges after the deductible.	80% of eligible charges after the deductible.
Outpatient services	100% of eligible charges after the deductible.	80% of eligible charges after the deductible.
Inpatient services	100% of eligible charges after the deductible.	80% of eligible charges after the deductible (coverage limited to 120 days per calendar year for all inpatient services combined).

Product Option PIC 5250		
Provision	Participating Provider Benefit	Non-Participating Provider Benefit
SUBSCRIBER ONLY – Deductible – Out-of-Pocket Limit – Maximum Lifetime Benefit	\$2,850 combined for participating and non-participating provider per calendar year. \$2,850 for participating provider per calendar year; \$5,000 combined for participating and non-participating provider per calendar year. \$3,000,000 combined for participating and non-participating provider.	
FAMILY <i>(subscriber and dependents)</i> – Deductible – Out-of-Pocket Limit – Maximum Lifetime Benefit	\$5,650 per family combined for participating and non-participating provider per calendar year. \$5,650 per family for participating provider per calendar year; \$10,000 per family combined for participating and non-participating provider per calendar year. \$3,000,000 per family member combined for participating and non-participating provider.	
	COVERED	COVERED
Preventive Care Services		
Routine health physicals, immunizations, laboratory tests, pathology and radiology	100% of eligible charges after the deductible. \$500 maximum benefit per member per calendar year. Subject to the deductible.	75% of eligible charges after the deductible.
Cancer screenings –mammograms, PSA tests, pap smears	100% of eligible charges after the deductible.	75% of eligible charges after the deductible.
Prenatal care and child health services	100% of eligible charges. No deductible.	75% of eligible charges after the deductible.
Office Visits		
Sickness or injury	100% of eligible charges after the deductible.	75% of eligible charges after the deductible.
Prenatal care	See Prenatal care and child health services under Preventive Care Services.	See Prenatal care and child health services under Preventive Care Services.
Allergy injections	100% of eligible charges after the deductible.	75% of eligible charges after the deductible.
Hospital Services Notify PIC upon admission to a hospital as soon as medically possible.		
Inpatient Hospital Services	100% of eligible charges after the deductible.	75% of eligible charges after the deductible (coverage limited to 120 days per calendar year for all inpatient services combined).
Outpatient Hospital Services	100% of eligible charges after the deductible.	75% of eligible charges after the deductible.
Urgent Care	100% of eligible charges after the deductible.	75% of eligible charges after the deductible.
Emergency Room Services	100% of eligible charges after the deductible.	Same as Participating Provider Benefit.
Emergency Ambulance Services	100% of eligible charges after the deductible.	Same as Participating Provider Benefit.
Prescription Drug		
Up to a 31-calendar day supply of prescription drugs, oral contraceptives or one type of insulin	Formulary and non-formulary drugs: 100% of eligible charges after the deductible.	Formulary and non-formulary drugs: 60% of eligible charges after the deductible.
Mail order drugs covered up to 93 days per prescription	Formulary and non-formulary drugs: 100% of eligible charges after the deductible.	Not applicable.
Durable Medical Equipment (“DME”) Services, Prosthetics, and Orthotics		
DME, Orthotics and Prosthetics	100% of eligible charges after the deductible.	75% of eligible charges after the deductible.
Home Health Services		
Home health care as an alternative to hospital confinement or skilled nursing facility care	100% of eligible charges after the deductible.	75% of eligible charges after the deductible.
Prenatal care and child health services	See Prenatal care and child health services under Preventive Care Services.	See Prenatal care and child health services under Preventive Care Services.
Skilled Nursing Facility Care		
Skilled rehabilitation, including room and board	100% of eligible charges after the deductible.	75% of eligible charges after the deductible (coverage limited to 120 days per calendar year for all inpatient services combined).
Daily skilled care as an alternative to hospital confinements	100% of eligible charges after the deductible.	75% of eligible charges after the deductible.
Physical Therapy, Occupational Therapy and Speech Therapy	100% of eligible charges after the deductible.	75% of eligible charges after the deductible.
Chemical Dependency Rider Option	Only applies if selected by subscriber on the Individual Insurance Application Form.	
Office visits	100% of eligible charges after the deductible.	75% of eligible charges after the deductible.
Outpatient services	100% of eligible charges after the deductible.	75% of eligible charges after the deductible.
Inpatient services	100% of eligible charges after the deductible.	75% of eligible charges after the deductible (coverage limited to 120 days per calendar year for all inpatient services combined).

Product Option PIC 5510		
Provision	Participating Provider Benefit	Non-Participating Provider Benefit
SUBSCRIBER ONLY – Deductible – Out-of-Pocket Limit – Maximum Lifetime Benefit	\$5,500 combined for participating and non-participating provider per calendar year. \$5,500 combined for participating and non-participating provider per calendar year. \$3,000,000 combined for participating and non-participating provider.	
FAMILY (subscriber and dependents) – Deductible – Out-of-Pocket Limit – Maximum Lifetime Benefit	\$11,000 per family combined for participating and non-participating provider per calendar year. \$11,000 per family combined for participating and non-participating provider per calendar year. \$3,000,000 per family member combined for participating and non-participating provider.	
	COVERED	COVERED
Preventive Care Services		
Routine health physicals, immunizations, laboratory tests, pathology and radiology	100% of eligible charges after the deductible. \$500 maximum benefit per member per calendar year. Subject to the deductible.	100% of eligible charges after the deductible.
Cancer screenings –mammograms, PSA tests, pap smears	100% of eligible charges after the deductible.	100% of eligible charges after the deductible.
Prenatal care and child health services	100% of eligible charges. No deductible.	100% of eligible charges after the deductible.
Office Visits		
Sickness or injury	100% of eligible charges after the deductible.	100% of eligible charges after the deductible.
Prenatal care	See Prenatal care and child health services under Preventive Care Services.	See Prenatal care and child health services under Preventive Care Services.
Allergy injections	100% of eligible charges after the deductible.	100% of eligible charges after the deductible.
Hospital Services Notify PIC upon admission to a hospital as soon as medically possible.		
Inpatient Hospital Services	100% of eligible charges after the deductible.	100% of eligible charges after the deductible (coverage limited to 120 days per calendar year for all inpatient services combined).
Outpatient Hospital Services	100% of eligible charges after the deductible.	100% of eligible charges after the deductible.
Urgent Care	100% of eligible charges after the deductible.	100% of eligible charges after the deductible.
Emergency Room Services	100% of eligible charges after the deductible.	Same as Participating Provider Benefit.
Emergency Ambulance Services	100% of eligible charges after the deductible.	Same as Participating Provider Benefit.
Prescription Drug		
Up to a 31-calendar day supply of prescription drugs, oral contraceptives or one type of insulin	Formulary and non-formulary drugs: 100% of eligible charges after the deductible.	Formulary and non-formulary drugs: 100% of eligible charges after the deductible.
Mail order drugs covered up to 93 days per prescription	Formulary and non-formulary drugs: 100% of eligible charges after the deductible.	Not applicable.
Durable Medical Equipment (“DME”) Services, Prosthetics, and Orthotics		
DME, Orthotics and Prosthetics	100% of eligible charges after the deductible.	100% of eligible charges after the deductible.
Home Health Services		
Home health care as an alternative to hospital confinement or skilled nursing facility care	100% of eligible charges after the deductible.	100% of eligible charges after the deductible.
Prenatal care and child health services	See Prenatal care and child health services under Preventive Care Services.	See Prenatal care and child health services under Preventive Care Services.
Skilled Nursing Facility Care		
Skilled rehabilitation, including room and board	100% of eligible charges after the deductible.	100% of eligible charges after the deductible (coverage limited to 120 days per calendar year for all inpatient services combined).
Daily skilled care as an alternative to hospital confinements	100% of eligible charges after the deductible.	100% of eligible charges after the deductible.
Physical Therapy, Occupational Therapy and Speech Therapy	100% of eligible charges after the deductible.	100% of eligible charges after the deductible.
Chemical Dependency Rider Option	Only applies if selected by subscriber on the Individual Insurance Application Form.	
Office visits	100% of eligible charges after the deductible.	100% of eligible charges after the deductible.
Outpatient services	100% of eligible charges after the deductible.	100% of eligible charges after the deductible.
Inpatient services	100% of eligible charges after the deductible.	100% of eligible charges after the deductible (coverage limited to 120 days per calendar year for all inpatient services combined).

EXCLUSIONS

1. Services or supplies that PIC determines are not medically necessary, including counseling, studies, services or confinements, unless PIC determines such services are medically necessary and consistent with applicable law.
2. Services that PIC determines are investigative, including associated expenses.
3. Services or supplies not directly related to your care.
4. Personal comfort or convenience items.
5. Services, including non-emergency ambulance services, transfers and admissions to hospitals, performed only for convenience.
6. Private room, except when medically necessary, or if it is the only option available at the admitted facility.
7. Services for, or related to, rehabilitation services, such as physical, occupational, and speech therapy, including group therapy; therapy provided in your home for convenience; services that do not meet the PIC Medical Policy standards; conditions that are self correcting; voice training and voice therapy absent of a medical condition; investigational therapies.
8. Services for educational classes, programs or seminars (including smoking cessation and commercial weight loss); custodial or maintenance care provided for comfort reasons; vocational, educational, self-help or recreational therapy (such as, but not limited to, health club memberships or exercise equipment), except as described in the Contract.
9. Any service, drug or supply provided by your family or a relative (i.e. your spouse, parent, brother, sister or child) or person who shares your legal residence.
10. Respite or rest care, except as specifically described in the Contract.
11. Vision therapy/orthoptics; Contact lenses, and their related fittings, except when prescribed as medically necessary for the treatment of keratoconus. Eyeglasses, frames and their related fittings. Routine vision exams.
12. Services provided by an audiologist (unless under the direction of a physician and billed by the physician or clinic); hearing aids (except as specifically described in the Contract); devices to improve hearing and related fittings; cochlear implants for members age 18 and older; Routine hearing exams.
13. Professional sign language and foreign language interpreter services in a physician's office, except as provided in the Continuity of Care provision of the Contract.
14. Medications available over-the-counter (OTC) that by federal or state law do not require a prescription order and any medication that is equivalent or similar to an OTC medication, except as provided in the Contract; drugs and associated expenses and devices not approved by the FDA for a particular use, except as required by law; drugs for self-administration when dispensed by a physician; weight loss drugs except when medically necessary to treat obesity; drugs for smoking cessation, except as provided in the Contract; unit dose packaging; more than a 1-month supply of drugs dispensed at a time for controlled substances; prescription drugs for the treatment of infertility; prescriptions written by a dentist or dental specialist; replacement of a prescription drug due to loss, damage, or theft; topical or oral acne treatments for members age 25 and over; non-FDA approved route of administration (e.g., drug that is FDA approved for oral use, but is being applied topically); drugs that are given or administered as part of a drug manufacturer's study; prescription drugs if purchased by mail order through a program not administered by PIC's pharmacy vendor; prescription drugs for the treatment of erectile dysfunction. Off label use of specialty drugs; Compound drugs from a non-participating pharmacy; Certain combination or extended release drugs according to the PIC Pharmacy policy.
15. Procedures that are always cosmetic, or for convenience or comfort reasons, including preoperative procedures and any medical or surgical complications arising therefrom;
 - as listed on PIC's Cosmetic Procedures Policy. This policy may be obtained by calling PIC Customer Service; Services and/or drugs to treat conditions that are cosmetic in nature, including preoperative procedures and any medical or surgical complications arising therefrom.
 16. Services prohibited by law or regulation or illegal under applicable laws.
 17. Autopsies.
 18. Exams, other evaluations and/or services solely for employment, insurance, licensure, judicial, or administrative proceedings or research purposes, except as otherwise covered in the Contract.
 19. Travel, transportation (other than ambulance transportation), or living expenses.
 20. Services received before your PIC coverage begins or after your PIC coverage under the Contract ends.
 21. Charges for duplicating and obtaining medical records from non-participating providers, unless requested by PIC.
 22. Hospitalization, transportation, supplies, or medical services, including physicians' services furnished by the United States Government or by an institution operated by the United States Government, unless payment is required in accordance with applicable law.
 23. Diagnosis or treatment of substance abuse related services, except as provided by amendment (if applicable).
 24. Diagnosis or treatment of mental health related services.
 25. Diagnosis or treatment of chiropractic related services.
 26. Charges for bariatric surgery, including preoperative procedures and any medical or surgical complications arising therefrom.
 27. Any durable medical equipment or supplies not listed as eligible on PIC's durable medical equipment list, or as determined by PIC.
 28. Organ and bone marrow transplants and stem cell support procedures or peripheral stem cell support procedures for a condition considered investigative. Services, chemotherapy, radiation therapy (or any therapy that damages the bone marrow, except in cases involving a bone marrow transplant), supplies, drugs, and aftercare for or related to artificial or non-human organ implants. Services, chemotherapy, supplies, drugs, and aftercare for or related to human organ transplants not specifically approved by PIC's medical director or its designee. Treatment of medical complications to a donor after procurement of a transplanted organ. Computer search for organs. Private collection and storage of blood and umbilical cord/umbilical cord blood. Travel expenses related to a covered transplant.
 29. Charges for sales tax, mailing, interest, and delivery.
 30. Financial or legal counseling services.
 31. Services and drugs for the treatment of infertility. This exclusion does not apply to treatment of an underlying medical condition.
 32. Services and/or surgery and associated expenses for gender reassignment. These services and associated expenses will be reviewed on a case by case basis and, if medically necessary, must be received at a PIC designated treatment center.
 33. Homeopathic medicine, hypnosis, biofeedback, acupuncture (except for treatment in a chronic pain program, and chelation therapy (except for medically necessary treatment of heavy metal poisoning).
 34. Routine foot care, custom foot molds, and orthopedic shoes, except if you are blind or have diabetes or peripheral vascular disease.
 35. Charges for services that are eligible for payment under auto insurance or under a Workers' Compensation law, employer liability law, or any similar law.
 36. Genetic testing and associated services that are done as screening to predict whether you may be a carrier of a specific sickness when you are not diagnosed with a specific sickness by a physician, or you are not at high risk for the specific sickness as confirmed by a physician.
37. Charges for treatment of cleft lip and cleft palate, except as described in the Contract.
38. Charges for services determined to be duplicate services by PIC.
39. Services or supplies, not rendered in the most cost-efficient setting or methodology appropriate for the condition based on medical standards and accepted practice parameters of the community, or provided at a frequency other than that accepted by the medical community as medically appropriate.
40. Charges for services performed by certified surgical technicians, surgical technicians, or certified operating room technicians.
41. Elective abortions.
42. Charges that exceed the PIC non-participating provider reimbursement value for services received from non-participating providers, including non-participating pharmacies.
43. Telephone or electronic consultations.
44. Dental services, including the surgical extraction of impacted wisdom teeth, orthodontia and all associated expenses, except as required by law; dental services covered under your dental plan; services for cracked or broken teeth that result from biting, chewing, disease or decay; dental implants; services related to periodontal disease.
45. Nutritional counseling, except when provided during a confinement or for the diagnosis and treatment of diabetes, or you have been diagnosed with a chronic medical condition by a physician. In all cases, except confinement, pre-certification is required when provided in a physician's office, clinic system or hospital setting; Treatment of eating disorders in a behavioral health provider setting.
46. Services or supplies through a non-participating provider ordered or rendered by providers that are unlicensed or not certified by the appropriate state regulatory agency.
47. Preventive medical services, such as but not limited to, flu shots, cholesterol testing, glucose testing and mammograms, that are not ordered by a physician.
48. Home health services provided as a substitute for a primary caregiver in the home; home health services that can be performed by a non-medical person or self-administered; home health aides; home health services at any site other than your home.
49. Non-emergency services received in an emergency room.
50. All services, except emergency services, for members when outside the United States.
51. Sexual devices, services, prescription drugs or supplies for the treatment of sexual dysfunction.
52. Services provided by massage therapists, doulas and personal trainers.
53. Light-based treatments for acne.
54. Charges that are paid under any medical payment, personal injury protection, automobile or other coverage that is payable without regard to fault, including charges that are applied toward any coinsurance requirement of such a policy.
55. Maternity related services and supplies during the first 18 months of coverage under the Contract.
56. PIC shall not be liable for any loss to which a contributing cause was the member's commission of or attempt to commit a felony or to which a contributing cause was the member's being engaged in an illegal occupation.
57. Massage therapy.
58. Orthognathic surgery.
59. Enteral feedings and other oral nutritional and electrolyte substances, except amino-acid based formulas when medically necessary and substances to treat PKU or otherwise required to sustain life.
60. Upgrades to or replacement of any items that are considered eligible charges and covered under this section, unless the item is no longer functional and is not repairable.

This is a benefit summary only and does not list all of your benefits. When you enroll with PreferredOne Insurance Company (PIC), you will receive a Contract. If there is a discrepancy between information in this summary and your Contract, the Contract will take precedence in determining your benefits.



PreferredOne[®]
INSURANCE COMPANY

www.preferredone.com

PIC 07-420 (11/07)