Significa[SM] INSURANCE GROUP
An AllOne Company

# Summary of Benefits
# Significare PPO
# Copay Plan
# OH 2500

| Benefits<br>Per calendar year (unless specified) | Preferred Providers<br>In Network | Non-Preferred Providers<br>Out of Network |
|---|---|---|
| **Deductible**[1]<br>The amount you must pay first, before Significa will cover your care<br>**Applies to all services (unless specified)** | $2500 Individual<br>$5000 Family | $5000 Individual<br>$10,000 Family |
| **Physician Office Visits**<br>Physicians<br>Specialists | $25 copayment<br>$50 copayment | 50%<br>50% |
| **Coinsurance**<br>The percentage of the cost Significa will pay for covered services | 80% | 50% |
| **Coinsurance Maximum**<br>The maximum amount of coinsurance you will pay | $2000 Individual<br>$4000 Family | $4000 Individual<br>$8000 Family |
| **Pre-Existing Condition(s) Waiting Period** | 12-months (unless eligible for Creditable Coverage) | |
| **Dependent Age Limit**<br>Includes unmarried, unemployed and student dependents | Coverage ends on the last day of the month the dependent turns age 21 | |
| **Lifetime Maximum** | $5,000,000 for each covered individual | |
| **Preventive Care**<br>Service limitations may apply. | | |
| **Adult Care**<br>▪ **Preventive Office Visits (Deductible waived)**<br>Routine physical exam<br>Routine gynecological exam<br>Routine vision exam | $25 copayment per exam, includes:<br>Physician<br>Physician or Gynecologist<br>Optometrist or Ophthalmologist | 50% per service, includes:<br>Physician<br>Physician or Gynecologist<br>Optometrist or Ophthalmologist |
| ▪ **Mandated routine screenings (Deductible waived)** | | |
| Cervical cancer screening (Pap test) | 80% | 50% |
| Breast cancer screening (Mammography) | 80% | 50% |
| Colorectal cancer screening (Colonoscopy) | 80% | 50% |
| Prostate cancer screening (PSA test) | 80% | 50% |
| ▪ **Other routine screenings, such as (Deductible waived up to first $500)**<br>Cholesterol, Osteoporosis, Diabetes screenings | 80% | 50% |
| **Child Care (Deductible waived)**<br>▪ Well child annual office visit (up to age 21)<br>▪ Routine vision and hearing exams<br>▪ Pediatric and childhood immunizations | $25 copayment per date of service:<br>Physician or Pediatrician<br>Physician or Pediatrician<br>Physician or Pediatrician | 50% per service, includes:<br>Physician or Pediatrician<br>Physician or Pediatrician<br>Physician or Pediatrician |
| **Emergency Services** | | |
| **Emergency Services**<br>Non-emergency services not covered | 80% with a $150<br>Emergency Room copayment<br>(waived if admitted) | 80% with a $150<br>Emergency Room copayment<br>(waived if admitted) |
| **Ambulance** (Includes emergency ground / water / air transport)<br>Non-emergency water and air transport services require pre-certification[2] | 80% | 80% |
| **Lab and Radiology Services** | | |
| **Allergy Tests and Treatment** | 80% | 50% |
| **Diagnostic Lab Tests and X-rays** | 80% | 50% |
| **MRIs, CT / PET Scans and Major Diagnostic Testing**[2] | 80% | 50% |
| **Hospital and Facility Services** | | |
| **Urgent Care (Deductible waived)** | $50 copayment | 50% |
| **Inpatient Hospitalization**[2] | 80% | 50% |
| **Outpatient Surgical Care**[2] | 80% | 50% |
| **Organ and Tissue Transplants**[2] **($100,000 per lifetime)** | 80% | 50% |

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| Benefits (continued)<br>Per calendar year (unless specified) | Preferred Providers<br>In Network | Non-Preferred Providers<br>Out of Network |
|---|---|---|
| Skilled Nursing Facility Care[2] (60 days) | 80% | 50% |
| Hospice (180 days per lifetime) | 80% | 50% |
| Complications of Pregnancy | 80% | 50% |
| Other Diagnostic, Surgical and Anesthesia Services[2]<br>Physician care outside a doctor's office | 80% | 50% |
| **Therapeutic Services / Equipment** | | |
| Dialysis, Chemotherapy and Radiation Therapy[2] | 80% | 50% |
| Outpatient Therapies (45 visits combined)<br>Respiratory, Cardiac, Pulmonary, Physical, Speech[2], Occupational and Chiropractic Therapies | 80% | 50% |
| Durable Medical Equipment, Orthotics and Prosthetics[2] ($2,000 maximum) | 80% | 50% |
| Oxygen and Related Equipment and Supplies[2] | 80% | 50% |
| **Home Health Care Services** | | |
| Home Health Visits[2] (60 visits) | 80% | 50% |
| Home Infusion Therapy[2] | 80% | 50% |
| **Mental Health Care and Substance Abuse Treatment** | | |
| Inpatient[2] and Outpatient (30 days; $5,000 maximum; $25,000 per lifetime) | 80% | 50% |

| Prescription Drugs *through Express Scripts* | | | |
|---|---|---|---|
| Copayments | Retail (30-day Supply) | Mail Order (90-day Supply) | Non-Preferred Providers |
| Tier 0: Generic Maintenance[3] | Tier 0 $0 | Tier 0 $0 | No drug coverage when obtained from Non-Participating Pharmacies (out of network) |
| Tier 1: Generics Preferred[4] | Tier 1 $10 | Tier 1 $20 | |
| Tier 2: Preferred Formulary | Tier 2 $40 | Tier 2 $100 | |
| Tier 3: Non-Preferred<br>(Specialty drugs through CuraScript) | Tier 3 $80 | Tier 3 $240 | |

| Optional Maternity Rider | Preferred Providers<br>In Network | Non-Preferred Providers<br>Out of Network |
|---|---|---|
| Deductible | $1500 deductible applies to all services | |
| Waiting Period | 270-day waiting period applies to all services | |
| Obstetrician's Office and Hospital Visits | 80% | 50% |
| Inpatient Facility Care[2] | 80% | 50% |

Exclusions and limitations may apply. Refer to the Policy for a complete listing of covered services, exclusions and limitations.

[1] **Embedded Family Deductible** – Benefits begin for an individual family member once that member meets the Individual Deductible amount or once the Family Deductible is met, whichever comes first.

[2] **Pre-Certification Required** – For failure to obtain pre-approval (pre-certification), you will be charged a penalty of up to the first $500 of covered charges. When using a non-preferred provider, you may be billed for the penalty AND the full cost of any services received.

[3] **Generic Maintenance Drugs** – For these chronic conditions: asthma, diabetes, high cholesterol and hypertension.

[4] **Generics Preferred** – If a generic-equivalent exists, but the brand name drug is requested, you pay the brand copay *plus* the difference in cost between the generic and brand-name drug.