

Smith County

Health Benefit Plan

Effective January 1, 2011

Benefit Feature	Preferred Network	Non Preferred Network	Out of Network
Annual Calendar Year Maximum	\$2,000,000		
Annual Deductible accumulative <input type="checkbox"/> Individual <input type="checkbox"/> Family Max	None None	\$300 \$900	\$1,000 \$3,000
Annual Out-of-Pocket Max. <input type="checkbox"/> Individual <input type="checkbox"/> Family Max	Plus penalties \$3,000 \$9,000	Plus penalties \$4,000 \$12,000	Plus penalties No Limit No Limit
Coinsurance <input type="checkbox"/> Plan Pays	90%	80%	60%
Precertification for Inpatient procedures MM Solutions 1-800-625-6834	\$250 penalty if precertification rules are not followed	\$250 penalty if precertification rules are not followed	\$250 penalty if precertification rules are not followed
Physician's Fees <input type="checkbox"/> Office Visit <input type="checkbox"/> Other Services	\$20 Copay then 100% \$35 Copay then 90%	\$30 Copay then 100% 80% after deductible	60% after deductible 60% after deductible
Hospital Care <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency Room	\$115 Copay then 90% \$55 Copay then 90% \$85 Copay then 90%	\$345 Copay then 80% \$230 Copay then 80% \$115 Copay then 80%	\$575 Copay then 60% \$345 Copay then 60% \$230 Copay then 60%
Pre-Admission Testing	Applicable Copay	Applicable Copay	60% after deductible
Lab Services <input type="checkbox"/> DRL <input type="checkbox"/> Other	\$40 Copay then 90% \$40 Copay then 90%	80% after deductible 80% after deductible	60% after deductible 60% after deductible
Preventive Care	\$20 Copay then 100%	\$30 Copay then 100% Copay, then 100% up to \$600 paid then 90%	60% after deductible
Maternity Care <input type="checkbox"/> Physician Office Visit <input type="checkbox"/> Other Services	\$20 Copay then 100% Applicable Copay	\$30 Copay then 100% Applicable Copay	60% after deductible 60% after deductible
Home Health Care	100% 60 visits	100% 60 visits	60% after deductible 60 visits
Skilled Nursing Facility	100% 60 visits	100% 60 visits	60% after deductible 60 visits
Hospice Care	100% None	100% None	60% after deductible None
Prescription Drugs 30 day max supply <input type="checkbox"/> Generic <input type="checkbox"/> Brand/No Generic Available <input type="checkbox"/> Brand with Generic Available 90 day max supply <input type="checkbox"/> Mail Order	\$10 Copay \$30 Copay \$45 Copay 2 Copays	\$10 Copay \$30 Copay \$45 Copay 2 Copays	Not Covered Not Covered Not Covered Not Covered
Mental Health <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Applicable Copay Applicable Copay	Applicable Copay Applicable Copay	60% after deductible 60% after deductible
Substance Abuse <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Applicable Copay Applicable Copay	Applicable Copay Applicable Copay	60% after deductible 60% after deductible
Durable Medical Equipment	\$40 Copay then 90%	80% after deductible	60% after deductible
Chiropractic Care	\$40 Copay then 90% 24 visit	80% after deductible 24 visit	60% after deductible 24 visit
Wigs Maintenance Following Chemotherapy	1 per Calendar Year		
Physical Therapy	Applicable Copay	80% after deductible	60% after deductible