

STATE STANDARD 20-40/400D
HMO SCHEDULE OF BENEFITS

These services are covered as indicated when authorized through your Primary Care Physician in your Participating Medical Group.

General Features

Calendar Year Deductible	0
Maximum Benefits	Unlimited
Annual Copayment Maximum ¹ <i>(3 individual maximum per family)</i>	\$5,000/individual
PCP Office Visits	\$20 Copayment
Specialist/Nonphysician Health Care Practitioner Office Visits ² <i>(Member required to obtain referral to specialist or other licensed health care practitioner, except for OB/GYN Physician services and Emergency/Urgently Needed Services)</i>	\$40 Copayment
Hospital Benefits <i>(Only one hospital Copayment per day is applicable. If a transfer to another facility is necessary, you are not responsible for the additional hospital admission Copayment for that day.)</i>	\$400 per day
Blood and Blood Products <i>(Autologous (self-donated) blood up to \$120.00 per unit)</i>	Paid in full
Emergency Services <i>(Copayment not waived if admitted)</i>	\$100 Copayment
Urgently Needed Services <i>(Medically Necessary services required outside geographic area served by your Participating Medical Group. Please consult your brochure for additional details. Copayment not waived if admitted)</i>	\$100 Copayment
Pre-Existing Conditions	All conditions covered, provided they are covered benefits

Benefits Available While Hospitalized as an Inpatient

Alcohol, Drug or Other Substance Abuse Detoxification	\$400 per day
Bone Marrow Transplants <i>(Donor searches limited to \$15,000 per procedure)</i>	\$400 per day
Cancer Clinical Trials ³	Paid at negotiated rate Balance (if any) is the responsibility of the Member
Hospice Services <i>(Prognosis of life expectancy of one year or less)</i>	\$400 per day
Hospital Benefits <i>(Only one hospital Copayment per day is applicable. If a transfer to another facility is necessary, you are not responsible for the additional hospital admission Copayment for that day.)</i>	\$400 per day
Mastectomy/Breast Reconstruction <i>(After mastectomy and complications from mastectomy)</i>	\$400 per day
Maternity Care	\$400 per day

Benefits Available While Hospitalized as an Inpatient (Continued)

Mental Health Services <i>(As required by state law, coverage includes treatment for Severe Mental Illnesses (SMI) of adults and children and the treatment of Serious Emotional Disturbance of Children (SED). Please refer to your Supplement to the PacifiCare Combined Evidence of Coverage and Disclosure Form for a description of this coverage)</i>	\$400 per day
Newborn Care ⁴	\$400 per day
Physician Care	Paid in full
Reconstructive Surgery	\$400 per day
Rehabilitation Care <i>(Including physical, occupational and speech therapy)</i>	\$400 per day
Skilled Nursing Facility Care <i>(Up to 100 consecutive calendar days from the first treatment per disability)</i>	\$200 per day
Voluntary Termination of Pregnancy <i>(Medical/medication and surgical)</i>	
– 1st trimester	\$125 Copayment
– 2nd trimester	\$125 Copayment
– After 20 weeks, not covered unless mother's life is in jeopardy or fetus is not viable.	

Benefits Available on an Outpatient Basis

Alcohol, Drug or Other Substance Abuse Detoxification	\$40 Office Visit Copayment
Allergy Testing/Treatment <i>(Serum is covered)</i>	
PCP Office Visit	\$20 Office Visit Copayment
Specialist/Nonphysician Health Care Practitioner Office Visit	\$40 Office Visit Copayment
Ambulance <i>(Only one ambulance Copayment per trip may be applicable. If a subsequent ambulance transfer to another facility is necessary, you are not responsible for additional ambulance Copayment)</i>	\$50 Copayment
Cancer Clinical Trials ³	Paid at negotiated rate Balance (if any) is the responsibility of the Member
Cochlear Implant Device <i>(Additional Copayment for outpatient surgery or inpatient hospital benefits and outpatient rehabilitation therapy may apply.)</i>	\$40 Office Visit Copayment ⁵
Crisis Intervention	Not covered
Dental Treatment Anesthesia <i>(Additional charges for outpatient and inpatient surgery may apply)</i>	\$40 Office Visit Copayment
Dialysis <i>(Physician office visit Copayment may apply)</i>	\$40 per treatment
Durable Medical Equipment <i>(\$5,000 annual benefit maximum per calendar year)</i>	\$50 Copayment ⁵
Family Planning/Voluntary Termination of Pregnancy	
Vasectomy	\$50 Copayment
Tubal Ligation	\$100 Copayment
<i>(Additional Copayment for inpatient hospital benefits may apply if performed on an inpatient basis.)</i>	
Insertion/Removal of Intra-Uterine Device (IUD)	
- PCP Office Visit	\$20 Office Visit Copayment
- Specialist/Nonphysician Health Care Practitioner Office Visit	\$40 Office Visit Copayment
Intra-Uterine Device (IUD)	\$50 Copayment

Benefits Available on an Outpatient Basis (Continued)

<p><i>Removal of Norplant</i></p> <ul style="list-style-type: none"> - PCP Office Visit - Specialist/Nonphysician Health Care Practitioner Office Visit <p><i>Depo-Provera Injection</i></p> <ul style="list-style-type: none"> - PCP Office Visit - Specialist/Nonphysician Health Care Practitioner Office Visit <p><i>Depo-Provera Medication</i> (Limited to one Depo-Provera injection every 90 days)</p> <p><i>Voluntary Termination of Pregnancy</i> (Medical/medication and surgical)</p> <ul style="list-style-type: none"> — 1st trimester — 2nd trimester — After 20 weeks, not covered unless mother's life is in jeopardy or fetus is not viable. 	<p>\$20 Office Visit Copayment \$40 Office Visit Copayment</p> <p>\$20 Office Visit Copayment \$40 Office Visit Copayment</p> <p>\$35 Copayment</p> <p>\$125 Copayment \$125 Copayment</p>
Health Education Services	Paid in full
<p>Hearing Screening</p> <ul style="list-style-type: none"> PCP Office Visit Specialist/Nonphysician Health Care Practitioner Office Visit² 	<p>\$20 Office Visit Copayment \$40 Office Visit Copayment</p>
<p>Home Health Care (Up to 100 visits per calendar year)</p>	\$10 Copayment per visit
<p>Hospice Services (Prognosis of life expectancy of one year or less)</p>	Paid in full
<p>Immunizations (For children under two years of age, refer to Well-Baby Care)</p> <ul style="list-style-type: none"> PCP Office Visit Specialist/Nonphysician Health Care Practitioner Office Visit 	<p>\$20 Office Visit Copayment \$40 Office Visit Copayment</p>
Infertility Services	Not covered
<p>Infusion Therapy (Infusion therapy is a separate Copayment in addition to a home health or a facility Copayment. Copayment applies per 30 days or treatment plan, whichever is shorter)</p>	\$50 Copayment ⁵
<p>Injectable Drugs (Outpatient Injectable Medications and Self-Injectable Medications) (Copayment not applicable to allergy serum, immunizations, birth control, Infertility and insulin. The Self-Injectable Medications Copayment applies per 30 days or treatment plan, whichever is shorter. Please see the PacifiCare Combined Evidence of Coverage and Disclosure Form or the group Subscriber Agreement for more information on these benefits, if any.)</p>	\$100 Copayment per visit ⁵
<p>Laboratory Services (When available through and authorized by your Participating Medical Group)</p>	Paid in full
Maternity Care, Tests and Procedures	Paid in full
<p>Mental Health Services (As required by state law, coverage includes treatment for Severe Mental Illnesses (SMI) of adults and children and the treatment of Serious Emotional Disturbance of Children (SED). Please refer to your Supplement to the PacifiCare Combined Evidence of Coverage and Disclosure Form for a description of this coverage)</p>	\$40 Office Visit Copayment
Oral Surgery Services	\$50 Copayment ⁵

Benefits Available on an Outpatient Basis (Continued)

Outpatient Medical Rehabilitation Therapy at a Participating Free-Standing or Outpatient Facility <i>(Including physical, occupational and speech therapy)</i>	\$40 Office Visit Copayment
Outpatient Surgery at a Participating Free-Standing or Outpatient Surgery Facility	\$200 per day
Periodic Health Evaluations <i>(Physician, laboratory, radiology and related services as recommended by the American Academy of Pediatrics (AAP), Advisory Committee on Immunization Practices (ACIP) and U.S. Preventive Services Task Force and authorized through your Primary Care Physician in your Participating Medical Group to determine your health status. For children under two years of age, refer to Well-Baby Care.)</i>	\$20 Office Visit Copayment
Physician Care <i>(For children under two years of age, refer to Well-Baby Care)</i>	
PCP Office Visit	\$20 Office Visit Copayment
Specialist/Nonphysician Health Care Practitioner Office Visit	\$40 Office Visit Copayment
Prosthetics and Corrective Appliances	\$50 Copayment per item ⁵
Radiation Therapy	
Standard: <i>(Photon beam radiation therapy)</i>	Paid in full
Complex: <i>(Examples include, but are not limited to, brachytherapy, radioactive implants and conformal photon beam; Copayment applies per 30 days or treatment plan, whichever is shorter; GammaKnife and stereotactic procedures are covered as outpatient surgery. Please refer to outpatient surgery for Copayment amount if any.)</i>	\$400 Copayment ⁵
Radiological Procedures	
Standard:	Paid in full
<i>Specialized scanning and imaging procedures: (Examples include but are not limited to, CT, SPECT, PET, MRA and MRI – with or without contrast media)</i>	\$100 Copayment per procedure ⁵
Vision Screening/Refractions	
PCP Office Visit	\$20 Office Visit Copayment
Specialist/Nonphysician Health Care Practitioner Office Visit	\$40 Office Visit Copayment
Well-Baby Care	Paid in full
<i>(Preventive health service, including immunizations recommended by the American Academy of Pediatrics (AAP), Advisory Committee on Immunization Practices (ACIP) and U.S. Preventive Services Task Force and authorized through your Primary Care Physician in your Participating Medical Group for children under two years of age. The applicable office visit Copayment applies to infants that are ill at time of services.)</i>	
Well-Woman Care	
<i>(Includes Pap smear (by your Primary Care Physician or an OB/GYN in your Participating Medical Group) and referral by the Participating Medical Group for screening mammography as recommended by the U.S. Preventive Services Task Force)</i>	
PCP Office Visit	\$20 Office Visit Copayment
Specialist/Nonphysician Health Care Practitioner Office Visit	\$40 Office Visit Copayment

¹ Annual Copayment Maximum does not include Copayments for durable medical equipment, pharmacy and supplemental benefits.

² Copayments for audiologist and podiatrist visits will be the same as for the PCP.

³ Cancer Clinical Trial Services require preauthorization by PacifiCare. If you participate in a Cancer Clinical Trail provided by a Non-Participating Provider that does not agree to perform these services at the rate PacifiCare negotiates with Participating Providers, you will be responsible for payment of the difference between the Non-Participating Providers billed charges and the rate negotiated by PacifiCare with Participating Providers, in addition to any applicable Copayments, coinsurance or deductibles.

⁴ The inpatient hospital benefits Copayment does not apply to newborns when the newborn is discharged with the mother within 48 hours of the normal vaginal delivery or 96 hours of the cesarean delivery. Please see the *Combined Evidence of Coverage and Disclosure Form* for more details.

⁵ In instances where the negotiated rate is less than your Copayment, you will pay only the negotiated rate.

⁶ Copayment applies regardless of whether this benefit is performed on an inpatient or outpatient basis. If performed on an inpatient basis, additional inpatient Copayment, if any, will apply.

Except in the case of a Medically Necessary Emergency or an Urgently Needed Service (outside geographic area served by your Participating Medical Group), each of the above-noted benefits is covered when authorized by your Participating Medical Group or PacifiCare. A Utilization Review Committee may review the request for services.

Note: This is not a contract. This is a *Schedule of Benefits* and its enclosures constitute only a summary of the Health Plan.

The Medical and Hospital Group Subscriber Agreement and the PacifiCare of California *Combined Evidence of Coverage and Disclosure Form* and additional benefit materials must be consulted to determine the exact terms and conditions of coverage. A specimen copy of the contract will be furnished upon request and is available at the PacifiCare office and your employer's personnel office. PacifiCare's most recent audited financial information is also available upon request.

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**Customer Service:
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