

Provider Network: SmartAlliance Network

Annual Deductible	Per Person, Per Calendar Year	Per Family, Per Calendar Year
Participating Providers	\$500	\$1,000
Non-participating Providers	\$12,000	\$24,000
Out-of-Pocket Limit	Per Person, Per Calendar Year	Per Family, Per Calendar Year
Participating Providers	\$500	\$1,000
Non-participating Providers	\$24,000	\$48,000

American Indian and Alaska Native Benefits

Qualified Native Americans enrolled on this plan that receive services directly from the **Indian Health Service, Indian Tribe, Tribal Organizations, or Urban Indian Organization** will not be subject to deductible, co-payments, or co-insurance for those services.

Please note: Even though you may have the same benefit for participating and non-participating providers, you may still be responsible for any amounts that a non-participating provider charges that are over the PacificSource allowable fee. Please see 'allowable fee' in the definitions section of your handbook.

The member is responsible for the above deductible and the following co-insurance:

Service	Participating Providers:	Non-participating Providers:
Preventive Care		
Well baby/Well child care	No charge*	50% co-insurance
Routine physicals	No charge*	50% co-insurance
Well woman visits	No charge*	50% co-insurance
Routine mammograms	No charge*	50% co-insurance
Immunizations	No charge*	50% co-insurance
Routine colonoscopy, age 50-75	No charge*	50% co-insurance
Pediatric Services - Through Age 18		
Routine eye exam	No charge	50% co-insurance
Vision hardware	No charge	No charge up to the first \$75, then 100% co-insurance
Professional Services		
Office and home visits	No charge	50% co-insurance
Specialty office and home visits	No charge	50% co-insurance
Office procedures and supplies	No charge	50% co-insurance
Surgery	No charge	50% co-insurance
Outpatient rehabilitation services	No charge	50% co-insurance
Hospital Services		
Inpatient room and board	No charge	50% co-insurance
Inpatient rehabilitation services	No charge	50% co-insurance
Skilled nursing facility care	No charge	50% co-insurance
Outpatient Services		
Outpatient surgery/services	No charge	50% co-insurance

Advanced diagnostic imaging	No charge	50% co-insurance
Diagnostic and therapeutic radiology and lab	No charge	50% co-insurance
Urgent and Emergency Services		
Urgent care center visits	No charge	50% co-insurance
Emergency room visits	No charge	50% co-insurance^
Ambulance, ground	No charge	No charge
Ambulance, air	No charge	No charge
Maternity Services		
Physician/Provider services (global charge)	No charge	50% co-insurance
Hospital/Facility services	No charge	50% co-insurance
Mental Health/Chemical Dependency Services		
Office visits	No charge	50% co-insurance
Inpatient care	No charge	50% co-insurance
Residential programs	No charge	50% co-insurance
Other Covered Services		
Allergy injections	No charge	50% co-insurance
Durable medical equipment	No charge	50% co-insurance
Home health care	No charge	50% co-insurance
Alternative and chiropractic care	No charge	50% co-insurance
Transplants	No charge	50% co-insurance

This is a brief summary of benefits. Refer to your policy for additional information or a further explanation of benefits, limitations, and exclusions.

^ For emergency medical conditions, non-participating providers are paid at the participating provider level.

* Not subject to annual deductible.

Additional Information

What is the annual deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see on the Schedule of Benefits that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, individual deductibles apply only until the family deductible has been met. Deductible expense is applied to the out-of-pocket limit.

Note that there is a separate category for participating and non-participating providers when it comes to meeting your deductible. Only participating provider expense applies to the participating provider deductible and only non-participating provider expense applies to the non-participating provider deductible.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for approved medical expenses during the plan year. Once the out-of-pocket limit has been met, the plan will pay 100% of covered charges for the rest of that year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, individual out-of-pocket limits apply only until the family out-of-pocket limit has been met. Be sure to check your policy, as there are some charges, such as non-essential health benefits, penalties and balance billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for participating and non-participating providers when it comes to meeting your out-of-pocket limit. Only participating provider expense applies to the participating provider out-of-pocket limit and only non-participating provider expense applies to the non-participating provider out-of-pocket limit.

Silver plan cost-sharing reduction

The cost-sharing amount on essential health benefits (EHB) will be reduced for individuals as outlined in Section 1402(a)-(c) of the Affordable Care Act.

Primary care practitioner

You will have less out-of-pocket expense when you see participating providers shown on the Schedule of Benefits. You must select and use a primary care practitioner (PCP) from the plan's provider directory. The PCP will coordinate healthcare resources to best meet your needs. A referral from your PCP is not required.

Payments to Providers

Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Although participating providers accept the fee allowance as payment in full, non-participating providers may not. Services of non-participating providers could result in out-of-pocket expense in addition to the percentage indicated.