

Summary of Benefits

Open Choice® PPO Plans

Effective 1 January 2002

Plan Provisions	Open Choice (PPO) Benefits	
	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Annual Deductible		
★ Individual	\$200	\$400
★ Family	\$600	\$1,200
Out-of-Pocket Limit (the maximum amount you pay for your share of covered expenses in a calendar year. Copays, deductibles and non-covered expenses do not count toward your Out-of-Pocket Limit)		
★ Individual	\$2,000	\$3,000
★ Family	\$6,000	\$9,000
Lifetime Maximum	Unlimited	Unlimited
Precertification	Network physician handles	You handle; \$500 penalty for failure to precertify
Preventive Care		
★ Physical exam and immunizations (one per calendar year)	100%, no deductible, no copay	Not covered
★ Well-child care and immunizations Birth to age 7	100%, no deductible, no copay	Not covered
★ Routine gynecological exam including Pap test and related lab fees (one per calendar year)	100%, no deductible, no copay	Not covered
★ Mammogram (one per calendar year for women age 35 and over)	100%, no deductible, no copay	Not covered
★ Prostate screening exam (one per calendar year for men age 40 and over)	100%, no deductible, no copay	Not covered
★ Routine eye exam (one per calendar year)	100% after copay: \$15 PCP*/ \$25 specialist	Not covered
★ Lenses, frames and contacts (in addition to Vision One)	100% up to a \$75 maximum benefit per calendar year per person	100% up to a \$75 maximum benefit per calendar year per person
★ Routine hearing exam (one per calendar year)	100%, no deductible, no copay	Not covered
★ Hearing aids (\$500 lifetime maximum)	100%, no deductible	100%, no deductible
Physician Services		
★ Office visits for treatment of illness or injury	100% after copay: \$15 PCP*/ \$25 specialist	70% after deductible
★ Maternity care office visits	100% after copay: \$15 PCP*/ \$25 specialist for first visit; all subsequent visits are paid at 90%	70% after deductible
★ In-office surgery	100% after copay: \$15 PCP*/ \$25 specialist	70% after deductible
★ Allergy testing and injections	100% after copay: \$15 PCP*/ \$25 specialist when part of office visit; otherwise 100%, no deductible	70% after deductible
★ Specialists (office visits)	100% after \$25 specialist copay	70% after deductible
★ Second surgical opinion	100%, no deductible, no copay	100%, no deductible
* A Primary Care Physician (PCP) is responsible for managing your health care needs. A PCP can be an internist, pediatrician, family practitioner or general practitioner. A provider who does not meet this definition is considered a specialist.		
Hospital Services		
Inpatient Services		
★ Hospital room and board and ancillary services	90% after \$200 per confinement fee**	70% after \$400 per confinement fee*
★ Preoperative testing	90%, no deductible	70%, no deductible
★ Lab and X-ray	90%, no deductible	70% after deductible
★ Surgery	90%, no copay, no deductible	70% after deductible
★ Physician hospital visits	90% after deductible	70% after deductible
★ Anesthesia	90% after deductible	70% after deductible
** Per confinement fee is in addition to any applicable calendar year deductible. Confinement fee is waived for subsequent hospital confinements for the same condition within the same calendar year.		
Outpatient Services		
★ Surgery	90% after deductible	70% after deductible
★ Independent lab and X-ray facilities	90% after deductible	70% after deductible

Summary of Benefits

Effective 1 January 2002

continued

Open Choice (PPO) Benefits

Plan Provisions	Open Choice (PPO) Benefits	
	Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Emergency Care		
★ Hospital emergency room	100% after \$100 copay (waived if admitted)	100% after separate \$100 deductible (waived if admitted)
★ Hospital emergency room for non-emergency care	50% after deductible	50% after deductible
★ Ambulance	80% after deductible	80% after deductible
Health Care Alternatives		
★ Convalescent facility (up to 90 days per calendar year; prior hospitalization not required)	90% after deductible	70% after deductible
★ Home health care (up to 90 visits per calendar year)	90% after deductible	70% after deductible
★ Private duty nursing (up to 70 eight hour shifts per calendar year)	90% after deductible	70% after deductible
★ Hospice (inpatient and outpatient)	100%, no deductible	100%, no deductible
Other Health Care		
★ Family planning (voluntary sterilization)	100% after \$100 copay, no deductible	70% after deductible
★ Short-term rehabilitation (60-day maximum per treatment)	80% after deductible	80% after deductible
★ Durable medical equipment	80%, no deductible	80%, no deductible
★ Spinal disorder (chiropractic) (20 visits per calendar year)	100% after copay: \$15 PCP/ \$25 specialist	70% after deductible
Mental Health Care*		
★ Inpatient (no maximum on number of days)	80% after \$200 inpatient per confinement fee	60% after \$400 inpatient per confinement fee
★ Outpatient (up to 45 visits per calendar year)	100% after \$25 copay	60% after deductible
Substance Abuse Treatment*		
★ Inpatient (up to 45 days per calendar year)	80% after \$200 inpatient per confinement fee	60% after \$400 inpatient per confinement fee
★ Outpatient (up to 45 visits per calendar year)	100% after \$25 copay	60% after deductible
* Outpatient day maximums for mental health and substance abuse are not combined. However, preferred and non-preferred limits are combined.		
Prescription Drug Benefits		
Participating Pharmacy Program (30-day supply)	Participating Pharmacy	Non-Participating Pharmacy
★ Generic drugs	100% after \$10 copay	Not covered
★ Formulary brand-name drugs	100% after \$20 copay	Not covered
★ Non-formulary brand-name drugs	100% after \$30 copay	Not covered
Prescriptions Purchased Overseas		
★ Generic drugs	Not applicable	100% after deductible
★ Brand-name drugs	Not applicable	80% after deductible
Mail-Order Service (90-day supply)		
★ Generic drugs	100% after \$10 copay	Not applicable
★ Formulary brand-name drugs	100% after \$20 copay	Not applicable
★ Non-formulary brand-name drug	100% after \$30 copay	Not applicable



Covered dependents who live outside the Open Choice network area will receive the Traditional Choice indemnity plan level of benefits. Please see your Human Resources Representative for details. This chart displays only a general description of your benefits under the DOD NAF HBP. Should there be a conflict between the benefits shown on the chart and those in the legal plan documents, the terms of the documents will be used to determine coverages and benefits.