

**SUMMARY OF BASIC INSURANCE BENEFITS**

**UP TO \$50,000 MAXIMUM BENEFIT PAID AS SPECIFIED BELOW (FOR EACH INJURY OR SICKNESS)**

Outpatient benefits will be paid at 100% of Preferred Allowance after a \$10 co-pay for services rendered by a Physician member of Beth Israel Deaconess Physician Organization.

Benefits will be paid at 100% of Covered Medical Expenses (a \$10 co-pay will apply for office visits) incurred for treatment rendered at Beth Israel Deaconess Medical Center.

This Policy provides benefits for the Reasonable and Customary Charges incurred by a Covered Person for loss due to a covered Injury or Sickness up to the Maximum benefit of \$50,000. Benefits will be paid up to the Maximum Benefit for each service as scheduled.

Coverage	In Network (PHCS)	Out-of-Network
<b>Deductible</b>	None	None
<b>Inpatient Services</b>		
<b>Hospital Room and Board:</b> Daily semi-private room rate; and general nursing care provided by the Hospital.	100% of Preferred Allowance	80% of Reasonable & Customary Charges
<b>Intensive Care / Hospital Expense</b>	100% of Preferred Allowance	80% of Reasonable & Customary Charges
<b>Surgeon's Fees:</b> No more than one (1) surgical procedure will be covered when multiple procedures are performed through the same incision or in immediate succession.	80% of Preferred Allowance / Maximum \$5,000 (in and outpatient combined)	80% of Reasonable & Customary / Maximum \$5,000 (in and outpatient combined)
<b>Assistant Surgeon:</b> Payable only when required by the Hospital.	30% of the amount paid to the surgeon	30% of Surgery Allowance
<b>Anesthetist</b>	30% of the amount paid to the surgeon	30% of Surgery Allowance
<b>Physician Visits:</b> Benefits are limited to one (1) visit per day and do not apply when related to surgery.	100% of Preferred Allowance	80% of Reasonable & Customary Charges
<b>Outpatient Services</b>		
<b>Surgeon's Fees:</b> In accordance with data provided with Medicode, Inc. No more than one (1) surgical procedure will be covered when multiple procedures are performed through the same incision or an immediate succession.	80% of Preferred Allowance / \$5,000 maximum (in and outpatient combined)	80% of Reasonable & Customary Charges / \$5,000 maximum
<b>Anesthetist</b>	30% of the amount paid to the surgeon	30% of Surgery Allowance
<b>Outpatient Miscellaneous Benefit:</b> Including X-Ray, Laboratory Services, Chemotherapy, and Radiation Therapy, and other benefits designated as Paid under Outpatient Miscellaneous.	80% of the Preferred Allowance	80% of Reasonable & Customary Charges
<b>Day Surgery Miscellaneous:</b> Related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests; X-rays, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery are based on the Outpatient Surgical Facility Charge Index.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Physician Visits:</b> Benefits are limited to one (1) visit per day. Benefits for Physician's visits do not apply when related to surgery or Physiotherapy.	100% of Preferred Allowance after a \$10 co-pay	80% of Reasonable & Customary Charges after a \$10 co-pay
<b>Physiotherapy:</b> Benefits are limited to one (1) visit per day.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Psychotherapy:</b> Benefits are limited to one (1) visit per day.	80% of Preferred Allowance	80% of Reasonable & Customary Charges
<b>Medical Emergency Expenses:</b> Use of the emergency room and supplies. Payable only for visits that do not result in Hospital Confinement.	Paid Under Outpatient Miscellaneous / \$50 Deductible per visit (\$50 deductible will be waived when admitted to a PPO Hospital)	Paid Under Outpatient Miscellaneous / \$50 Deductible per visit
<b>Tests and Procedures:</b> Diagnostic services and medical procedures (other than Physician's Visits, Physiotherapy, X-Rays, and lab procedures) performed by a physician.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>CAT Scan / MRI</b>	80% of Preferred Allowance / \$2,000 maximum	80% of Reasonable & Customary Charges / \$2,000 maximum
<b>Injections:</b> When administered in the Physician's office and charged on the Physician's statement.	Paid Under Outpatient Miscellaneous	Paid Under Outpatient Miscellaneous
<b>Prescription Drug Coverage:</b>	100% up to \$1,000 per plan year maximum after satisfying a co-pay of \$10 generic/\$25 brand per prescription or refill. (NOTE: Prescriptions must be filled at an "Express Scripts" Participating Pharmacy.)	
<b>Other Benefits</b>		
<b>Ambulance Service</b>	80% of Preferred Allowance / \$250 maximum	80% of Reasonable & Customary Charges / \$250 maximum
<b>Consultant Physician:</b> When requested and approved by the attending Physician.	80% of Preferred Allowance / \$250 maximum	80% of Reasonable & Customary Charges / \$250 maximum
<b>Braces and Appliances:</b> A written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered.	80% of Preferred Allowance/\$100 maximum	80% of Reasonable and Customary Charges/\$100 Maximum
<b>Dental Treatment:</b> Made necessary by Injury to Sound, Natural Teeth.	80% of Reasonable & Customary Charges / \$500 per tooth	
<b>Dental Treatment:</b> For removal of impacted or unerupted wisdom	80% of Reasonable & Customary Charges / \$50 per tooth	
<b>Allergy Testing / Treatment</b>	80% of Preferred Allowance / \$225 maximum per Policy Year	80% of Reasonable & Customary Charges / \$225 maximum per Policy Year
<b>Complications of Pregnancy</b>	Paid Under Maternity Benefit	Paid Under Maternity Benefit
<b>Drug Abuse</b>	Paid Under Alcoholism Benefit	Paid Under Alcoholism Benefit