

**MiraCosta Community College
Consortium Custom PPO Health Plan
Effective 1/1/09**

	PPO	Non PPO
Lifetime Maximum	\$5,000,000	
Per Person Calendar Year Deductible	\$100 individual / \$300 family	\$250 individual / \$750 family
Annual Out of Pocket Maximum(1)	\$2,500 Individual \$5,000 Family	
Hospital Services		
Inpatient <i>(pre-certification required - \$300 penalty if no pre-certification)</i>	90% after deductible	60% after deductible
Outpatient Services & Supplies	90% after deductible	60% after deductible
Emergency Room <i>(co-pay waived if admitted)</i>	\$50 co-pay, then 90% after deductible	\$50 co-pay, then 60% after deductible
Physician Services		
Office Visits(2)	\$10 co- pay, then 100% deductible waived	60% after deductible
Home Visits	90% after deductible	60% after deductible
Surgeon, Assistant Surgeon & Anesthesiologist	90% after deductible	60% after deductible
Preventive Care		
Routine Physical Exam	90% after deductible	60% after deductible
Mammography/Pap Smear	90% after deductible	60% after deductible
Well Baby/Child Care	90% after deductible	60% after deductible
Dependent Children Immunizations	90% after deductible	60% after deductible
Diagnostic X-ray & Laboratory	90% after deductible	60% after deductible
Home Health Care <i>(maximum 100 visits per calendar year)</i>	90% after deductible	60% after deductible
Skilled Nursing Facility	90% after deductible	60% after deductible
Physical Therapy <i>(maximum 60 visits per year)</i>	90% after deductible	60% after deductible
Chiropractic Care <i>(\$1,000 maximum per calendar year)</i>	90% after deductible, limited to \$50/visit	60% after deductible, limited to \$50/visit
Acupuncture <i>(\$1,000 maximum per calendar year)</i>	90% after deductible, limited to \$50/visit	60% after deductible, limited to \$50/visit

Durable Medical Equipment	90% after deductible	60% after deductible
All Other Covered Medical Expenses Prescription Drugs Express Scripts Drug Card and Mail Order Pharmacy	90% after deductible Express Scripts Participating Pharmacy Member pays \$10 co-pay or 20% of the prescription cost, whichever is greater. Maximum of a 30 day supply Mail Order A 90 day supply of maintenance medication is available through Express Scripts Mail Service Pharmacy for a \$20 co-pay.	60% after deductible

- (1) The annual out of pocket maximum excludes any dollar copays, deductibles, non-covered expenses, prescription drugs, mental health and substance abuse and any charge determined to exceed the plan allowable for Non-PPO providers.
- (2) Any service provided by a PPO provider during an office visit will be covered at 100% after the applicable co-pay (excluding physical therapy, chiropractic or acupuncture).

Payment will be provided for 90% of the charge when the member is unable to choose the services of a PPO provider for the following services. This provision applies only when the services are rendered in California and when care originates at a PPO facility or PPO provider and when the patient has no choice in deciding which provider renders care.

- Emergency room physician when care is received in a PPO facility.
- Physician hospital visits when inpatient at a PPO facility.
- Anesthesiologist when the surgeon is a PPO provider.
- Radiologists and laboratories when the patient has no choice.

Allowable charges for Non-PPO providers are based on the usual, customary and reasonable charge (UCR). Amounts determined to be in excess of the UCR amount are the member's responsibility and these amount do not apply to the annual out of pocket maximum.

This outline reflects the percentage the plan will pay for each service type.

All newly hired or newly eligible employees and their dependents will have no benefit for any condition for which treatment was received during the ninety days immediately preceding the member's effective date of coverage under this plan. Limitation ceases to apply to any member after 12 consecutive months of membership in this plan.

This is an outline of plan benefits and as such does not create and/or confer any rights. It is a brief outline of the plan and is not to be construed as a substitute for the provisions of the Master Policy/Plan Document.