



Summary of Benefits

January 1, 2010 Through December 31, 2010

PHYSICIAN	
Office Visits (except Mental Health & Chemical Dependency)	\$10 copay for visit to PCP \$10 copay for visit to network specialist when PCP refers you \$25 copay to self-refer to a network specialist
Office Visit to OB/GYN for Pregnancy	\$25 copay for initial visit (regardless of PCP referral)
Physician Visits (inpatient)	Plan pays 100%
WELLNESS AND PREVENTIVE CARE	
Well Baby Care (up to age 2)	Plan pays 100%
Immunizations	Plan pays 100%
Allergy Injections and Services (includes serum)	Plan pays 100%
Routine Pap Smear (one per year)	Plan pays 100%
HOSPITAL	
Semi-Private Room	Plan pays 100%
Surgery (facility)	Plan pays 100%
SHORT-TERM THERAPY	
Physical, Speech, Respiratory, Occupational, Neuromuscular and Rehabilitation Therapy	Plan pays 100% (60-day limit, combined)
MENTAL HEALTH/CHEMICAL DEPENDENCY	
Chemical Dependency Therapy (benefit limits are integrated with mental health)	Inpatient: Plan pays 100%
	Outpatient Counseling: \$20 copay per visit, up to 20 visits per calendar year
	Outpatient Psychiatry: \$10 copay per visit
Mental Health (benefit limits are integrated with chemical dependency)	Inpatient: Plan pays 100%
	Outpatient Counseling: \$20 copay per visit, up to 20 visits per calendar year
	Outpatient Psychiatry: \$10 copay per visit
OTHER PROVIDERS/SERVICES	
Diagnostic X-Ray and Lab (includes mammography)	Plan pays 100%
Emergency Room	\$50 copay (waived if admitted)
Urgent Care Facility	\$35 copay/visit outside office hours \$10 copay/visit during normal office hours
Durable Medical Equipment (including oxygen and prosthetics)	Plan pays 100% when medically necessary
Annual Eye Refraction	\$10 copay
Infertility Testing	Plan pays 50%
PRESCRIPTION DRUGS Administered by National Pharmaceutical Services (NPS)	
Plan requires mandatory generic substitution unless physician indicates dispense as written (DAW). NPS pays benefits only for prescription drugs on the NPS formulary.	
NPS: (800) 546.5677, www.pti-nps.com	
Participating retail pharmacy (30-day supply)	\$5 copay / generic equivalent (Tier I) \$10 copay / preferred brand name (Tier II) \$25 copay / non-preferred brand name (Tier III)
Mail order pharmacy (90-day supply)	\$10 copay / generic equivalent (Tier I) \$20 copay / preferred brand name (Tier II) \$50 copay / non-preferred brand name (Tier III)
Diabetic Supplies (30-day supply)	\$5 copay for lancets; \$10 copay for strips
CHIROPRACTIC	
Office Visit (self referral within MCS Chiropractic network)	\$10 copay/20 visit max per year

Please Note: The Summary Plan description should be consulted for a detailed description of coverage benefits and limitations.

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CHW EPO PLUS: EXCLUSIONS AND LIMITATIONS

Medical Exclusions and Limitations

The CHW EPO Plus Plan does not cover the following medical services, treatments, and supplies:

- Acupuncture.
- Adoption expenses.
- Artificial insemination.
- Biofeedback.
- Conception by artificial means (IVF, GIFT, and ZIFT). Also, costs for the collection, storage, or purchase of sperm or ova are not covered.
- Contraceptive devices other than what is listed under prescription drugs in the SPD.
- Cosmetic surgery, services, or supplies.
- Custodial or domiciliary care, meaning services and supplies that are provided to primarily assist with the activities of daily living.
- Dental services except as listed as covered in the SPD
- Disorders of the jaw, except as listed as covered in the SPD.
- Disposable supplies for home use.
- Durable medical equipment and supplies. The following durable medical equipment and supplies are not covered:
 - Exercise equipment.
 - Hygienic equipment and supplies.
 - Stockings, corrective shoes, and arch supports.
 - Surgical dressing.
 - Jacuzzis and whirlpools.
 - Generic orthotics (i.e., supports or braces for weak or ineffective joints or muscles) that are not custom-made to fit the person's body.
 - Foot orthotics that are not incorporated into a cast, splint, brace, or strapping of the foot.
- Experimental or investigational procedures. (However, the Plan will cover services and supplies to treat medical complications caused by experimental or investigational services or supplies.)
- Eyeglasses - except after cataract surgery, and contact lenses.
- Food supplements.
- Routine foot care, orthotics/orthotic devices, or matatarsalgia. Routine foot care includes, but is not limited to, removal or reduction of corns, clipping of toenails, flat feet, fallen arches, and chronic foot strain.
- Services or supplies for which you do not have to pay or for which no charge was made.
- Genetic testing and diagnostic procedures, except for prenatal diagnosis of fetal genetic disorders in cases of high-risk pregnancy.
- Hearing aids.
- Hypnosis.
- Mental health care is covered only as outlined described in the SPD. The Plan does not cover care for mental retardation, mental health care as a condition or parole or probation, or court-ordered testing for mental disorders.
- Missed appointments, telephone calls, preparation of medical reports, and itemized bills or the completion of forms.
- Services or supplies provided by any institution that is not a legally-operated hospital, a Medicare-approved skilled nursing facility, or other properly licensed facility specified as covered in the Plan

documents. Any institution that primarily a place for the aged, a nursing home, or similar institution is not an eligible institution.

- Nonprescription (over-the-counter) drugs, equipment and supplies even if the physician writes a prescription for it. (Exception: supplies and equipment for the management and treatment of diabetes).
- Physical examinations not associated with preventive care, such as physical exams for insurance, licensing, employment, school, camp, or other non-preventive care purposes.
- Personal or comfort items.
- Pregnancy under a surrogate arrangement.
- Private rooms when hospitalized, unless medically necessary.
- Private-duty nursing for hospital patients.
- Any eye surgery performed to correct refractive defects of the eye, such as near-sightedness (myopia), far-sightedness (hyperopia), or astigmatism.
- Rehabilitation therapy (physical, speech, occupational and respiratory therapy) when services are the result of the following conditions:
 - Psychosocial speech delay (including delayed language development).
 - Mental retardation, infantile autism or dyslexia.
 - Syndromes associated with diagnosed disorders attributed to perceptual and conceptual dysfunctions.
 - Attention deficit disorders and associated behavior problems.
 - Developmental articulation and language disorders.
- Reversal of surgical sterilization.
- Services and supplies not authorized according to procedures the Plan and physician groups have established.
- Services performed by an immediate relative.
- Services received before effective date or after termination of coverage, except as specifically provided in the Extension of Benefits section of the Plan document.
- Sex change procedures or treatment.
- Termination of pregnancy unless determined medically necessary.
- Treatment or surgery for obesity, weight reduction, or weight management.
- Expenses associated with a work-related illness or injury. (If you suffer a work-related illness or injury, you may be eligible for medical benefits under the CHW Workers' Compensation Insurance program.)

Chiropractic Care Exclusions and Limitations

In addition to the medical exclusions and limitations listed above, the following list of exclusions and limitations pertains to the CHW EPO Plus Plan's chiropractic care coverage:

- Any treatment or service not authorized and delivered by a MCS chiropractic provider.
- Services not documented as necessary and appropriate or classified as experimental or investigational chiropractic care.
- Diagnostic scanning, including MRI, CAT scan, and/or other types of diagnostic scanning.
- Disk decompression therapy, Laser treatment and massage therapy
- Thermography.
- Treatment or services for pre-employment

physicals, school physicals, sports physicals, DOT exams or vocational rehabilitation.

- Any treatment or services caused by or arising out of the course of employment or covered under any public liability or auto insurance.
- Hypnotherapy, behavioral training, sleep therapy and weight programs, educational programs, non-medical self-care or self-help, or any self-help physical exercise training, exercise equipment, or any related diagnostic testing.
- Air conditioners, air purifiers, therapeutic beds, mattress supplies or any similar devices and appliances.
- Vitamins, minerals, nutritional supplements, weight loss supplements, analgesic creams or similar products.
- Anesthesia, manipulation under anesthesia, hospitalization or any related services.

Prescription Drug Exclusions and Limitations

In addition to the general exclusions and limitations listed above, the following list of exclusions and limitations pertains to the CHW EPO Plus Plan's prescription drug coverage:

- Allergy serum, products to lessen or end allergic reactions. (Serum is covered under medical benefits.)
- Appetite suppressants, diet aids, or drugs for body weight management.
- Blood and blood products, such as sera, blood derivatives, and blood plasma.
- Dietary or nutritional supplements.
- Drugs covered by another part of the Plan (i.e., prescription drugs administered while an inpatient).
- Drugs prescribed for cosmetic reasons.
- Drug supplies in excess of Food and Drug Administration's (FDA) usage recommendations.
- Hypodermic syringes and needles (exception: insulin needles and syringes).
- All self-injectable drugs (exception: Bee Sting Kit).
- Medical devices.
- Drugs not approved by the Food and Drug Administration (FDA).
- Lost, stolen, or damaged drugs. The Plan does not cover replacement prescriptions for lost, stolen, or damaged drugs.
- Prescriptions purchased at a non-participating pharmacy that are not pre-authorized, unless medical necessity requires purchase while the participant is out of the network's area.
- Prescriptions written by non-participating providers, other than dentists, are not covered.
- Nonprescription (over-the-counter) drugs or supplies (except certain diabetic supplies, OTC Prilosec and OTC Claritin)
- Oxygen. (Oxygen is covered under durable medical equipment as described in the SPD)
- Sexual dysfunction drugs.
- Smoking deterrents.

*This is a partial list of the principal limitations and exclusions applicable to the medical, chiropractic, and prescription coverage of the CHW EPO Plus plan. Please refer to the SPD for a complete list of limitations and exclusions.