



## NASCC Corpmember Health Insurance Plan July 1, 2006 through June 30, 2007

*Plan pays based on Usual, Customary and Reasonable (UCR) for non-PPO providers' charges.*

<b>Deductible</b>	\$100 per Service Year
<b>Out of Pocket Maximum</b>	\$1,000 per Service Year (including deductible)
<b>Per Cause Maximum</b> <i>(including motor vehicle injury and sports injury)</i>	\$50,000*
<i>* The Plan pays 80% of the first \$4,500 (after the deductible) of allowable charges per covered Injury or Sickness. Thereafter, 100% of allowable charges up to the per cause maximum is payable per covered Injury or Sickness.</i>	
<b>Hospital</b>	
Room & Board	80% of semi-private room rate
Intensive Care	80%
Other Hospital Services	80%
Emergency Room	80%
<b>Professional Services</b>	
Office	80%
Surgery	80%
Diagnostic Lab & X-ray	80%
Allergy Injections	80%
<b>Preventive Care</b>	<i>\$150 maximum</i>
Routine Care	80% (deductible waived)
Mammogram/Pap Smear	100% (deductible waived)
<b>Physiotherapy</b>	
Inpatient	80%
Outpatient (including chiropractic)	80%, \$500 lifetime maximum
<b>Mental Health</b>	
Inpatient	80%, 45 days maximum
Outpatient	75% for the first 40 visits, 60% thereafter
<b>Chemical Dependency</b>	
Inpatient	80%, 28 days maximum
Outpatient	80%, 30 visits maximum
<b>Injury to Teeth</b>	80%, \$200 maximum per tooth
<b>Ambulance</b>	80%
<b>Prescription Drugs</b> <i>(including oral contraceptives)</i>	80% - Prescriptions must be purchased at the pharmacy (limited to a 30 day supply per visit) and then filed with Summit America for payment.
<b>Durable Medical Equipment</b>	80%
<b>Preexisting Conditions</b>	Subject to above provisions; \$5,000 maximum in first 12 months
<b>Provider Network</b>	MultiPlan (not required); Discounted prices for network doctors and billing is submitted for patient
<b>Rate (Per Member Per Month)</b>	\$109.75
<b><i>Optional Accidental Death and Dismemberment Benefit can be Added to Medical Plan</i></b>	
<b>AD&amp;D</b>	\$10,000 Principal Sum
<b>Rate (Per Member Per Month)</b>	\$110.25 (medical + AD&D)

*All benefits are subject to deductible, coinsurance maximum and per cause maximum unless otherwise specified. UCR applies for non-PPO provider charges.*