

# PacifiCare HMO 10



The **PacifiCare** HMO 10 plan provides services through the member's primary care physician (**PCP**), who coordinates all medical care including medically necessary referrals to specialists within the **PCP's** medical group. Each plan participant must select a personal physician. Each family member may select a different PCP **and/or** medical group. Outpatient prescription **drugs** must be obtained through a Medco Health pharmacy or the Home Delivery Service. Chiropractic benefits are provided through American Specialty Health Plans (ASH Plans). Mental health benefits are provided through **PacifiCare** Behavioral Health (PBH).

<b>BENEFITS</b>	<b>COVERAGE DESCRIPTION</b>
Out-of-Pocket Limit ( <i>calendar year</i> ) <i>(excludes copays for chiropractic, outpatient/out-of-hospital prescription drugs, and mental health/ substance abuse)</i>	\$1,000/individual; \$3,000/family
<b>Hospital</b>	
Inpatient ( <i>includes inpatient maternity and newborn care</i> )	No charge
Outpatient	No charge
Emergency room	\$100 copay ( <i>waived if admitted</i> )
Mastectomy/breast reconstruction	No charge
Bone marrow transplant	No charge
<b>Physician</b>	
Office visit	\$10 copay/visit
Surgery/anesthesia	No charge
Maternity care	No charge
<b>Preventive Care</b>	
Routine physical	\$10 copay/visit
Routine mammogram	No charge
Well-child care; immunizations	No charge up to 2 years old
Routine GYN exam	\$10 copay/visit; may self-refer to OB/GYN in PCP's medical group <i>once/year</i>
Routine eye exam	\$10 copay/visit; must use participating provider; limit <i>one/12 months</i>
Routine hearing exam	\$10 copay; <i>one visit/calendar year</i>
Hearing aids	No charge; up to \$1,000 <i>allowance/24 months</i>
Cancer Clinical Trials	Paid at contracting rate
Chiropractic	\$10 copay/visit; max 30 visits/calendar year; must use ASH Plans provider; no referral required
<b>Family Planning</b>	
Vasectomy; tubal ligation	\$10 copay
Insertion/removal of intra-uterine device (IUD); removal of Norplant	\$10 copay
Intra-uterine device	50% of cost
Depo-Provera injection	\$10 copay
Depo-Provera medication ( <i>limited to one injection every 90 days</i> )	\$35 copay
Infertility services	\$10 copay; IVF, ZIFT, and GIFT not covered
Voluntary Interruption of Pregnancy 1 <sup>st</sup> trimester or 2 <sup>nd</sup> trimester ( <i>12-20 weeks</i> )	\$10 copay
After 20 weeks	Not covered unless mother's life in jeopardy
<b>Hemodialysis</b>	\$10 copay/treatment
<b>Xray</b> and Lab	No charge
Cochlear Implants	No charge
Outpatient Physical, Occupational, and Speech Therapy <i>Medically necessary rehabilitative therapy following injury, surgery, or medical condition</i>	\$10 copay/visit; unlimited visits

BENEFITS		COVERAGE DESCRIPTION																				
Skilled Nursing Facility		No charge																				
Home Health Care Visits		No charge																				
Hospice (prognosis of life expectancy one year or less)		No charge																				
Prescription Drug		<p>Must use a participating Medco Health pharmacy or Medco Health Home Delivery Pharmacy Service. Member is responsible for the following copays:</p> <table border="0"> <thead> <tr> <th></th> <th colspan="2">Medco pharmacy</th> <th>Medco Home Delivery Svc.</th> </tr> <tr> <th></th> <th><u>30-day supply</u></th> <th><u>90-day supply</u></th> <th><u>90-day supply</u></th> </tr> </thead> <tbody> <tr> <td>Preferred generic</td> <td>\$5</td> <td>\$15</td> <td>\$10</td> </tr> <tr> <td>Preferred brand name</td> <td>\$10</td> <td>\$30</td> <td>\$20</td> </tr> <tr> <td>Non-preferred</td> <td>\$25</td> <td>\$75</td> <td>\$50</td> </tr> </tbody> </table>		Medco pharmacy		Medco Home Delivery Svc.		<u>30-day supply</u>	<u>90-day supply</u>	<u>90-day supply</u>	Preferred generic	\$5	\$15	\$10	Preferred brand name	\$10	\$30	\$20	Non-preferred	\$25	\$75	\$50
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Non-preferred	\$25	\$75	\$50																			
Mental Health/Substance Abuse		Not covered unless all inpatient and outpatient care is preauthorized by PacifiCare Behavioral Health and obtained from participating providers. To access care and treatment, call 888/625-4809. PCP referral is not required.																				
Outpatient	Mental health	\$10 copay/visit; unlimited visits																				
	Substance abuse and detox	No charge visits 1-20; \$20 copay visits 21-40; \$25 copay visits 41-60; max 60 visits/calendar year																				
Inpatient	Mental health	No charge; unlimited days																				
	Substance abuse and detox	\$25 copay/day; annual max 30 days																				

*This summary is merely a brief description of the major benefits of the plan and is not intended to alter or expand benefits rights or liabilities as set forth in the official plan document/contracts. See the Evidence of Coverage for details.*