

Plan Overview

EXCELCARE

35/30% (\$5,500 / \$11,000)

Benefit description	Member responsibility
Plan maximums	
Out-of-pocket maximum (combined with Rx) (Individual / Family)	\$5,500 / \$11,000
Facility deductible	
Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (Individual / Family)	N/A / N/A
Professional services	
PCP Office visit ¹	\$35
Specialist Office visit ¹	\$55
Preventive care services ¹	\$0
Telehealth services through the Select Telehealth Services Provider ²	\$0
Rehabilitation therapy ³	\$35
X-ray procedures ¹	\$20
Laboratory procedures ¹	\$20
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	30%
Facility services	
Outpatient services (hospital)	30%
Outpatient services (ambulatory surgery center)	20%
Inpatient hospital	30%
Skilled nursing facility (100 day maximum)	Days 1-10: \$0 Days 11-100: \$25 per day
Emergency services	
Urgent care services	\$35
Emergency room facility	\$150
Ambulance services (ground and air)	\$150
Mental health and substance use disorder services	
Outpatient office visit	\$35
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	30%
Inpatient	30%
Other services	
Durable medical equipment ¹	\$0
Diabetic equipment	\$0
Acupuncture services ⁴	Rider available
Chiropractic services ⁴	Rider available

¹ Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA).

² Listed cost share is for services provided through the Select Telehealth Services Provider; for all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

³ Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

⁴ Chiropractic and/or Acupuncture rider coverage is included in all SmartCare HMO plans and is available as an optional benefit in all other HMO and EOA plans.

This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the *Evidence of Coverage* for all terms and conditions of coverage.

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