SOUTHERN ORTHOPEDIC ASSOCIATES

PPO PLAN
SCHEDULE OF BENEFITS

Lifetime Maximum Benefits	**Preferred Provider/ Non-Preferred Provider**
Individual Lifetime Maximum Benefit	Unlimited
Temporomandibular Joint (TMJ) Disorder	$2,500 per member

The term "Lifetime" refers to the time a person is actually a Beneficiary of a welfare benefit plan sponsored by the Group and is not intended to suggest benefits beyond an individual's termination date.

Plan Year Maximum Benefits	
Inpatient Rehabilitation (Includes Skilled Nursing)	120 days
Outpatient Rehabilitation (PT, OT, Speech Therapy)	60 visits
Outpatient Speech Therapy	20 additional visits
Spinal Manipulation	$500
Retail Prescription Drugs	Unlimited

The maximum benefits allowed for Preferred and Non-Preferred services are combined.

Plan Year Deductibles	**Preferred Provider**	**Non-Preferred Provider**
Single	$1,500	$3,000
Family	$3,000	$6,000

Deductibles apply to all covered services except Emergency Services, Ambulance Transportation, Primary Care Office Visit, Specialty Care Office Visit, Wellness Care, Outpatient Mental Health, Outpatient Substance Abuse, Vision Care, and Spinal Manipulations. A new Deductible will apply each Plan Year. Family deductible is cumulative for all family members combined.

Plan Year Out-of-Pocket Maximum	**Preferred Provider**	**Non-Preferred Provider**
Single	**$5,500**	**$11,000**
Family	**$11,000**	**$22,000**
Specialty Prescription Drug- Single	$1,500	Unlimited
Specialty Prescription Drug- Family	$4,500	Unlimited

All Deductible, Coinsurance, Co-payments, **and prescription drug benefits** apply to the Out-of-Pocket Maximum. Charges over the Usual, Customary and Reasonable (UCR) do not apply to the Out-of-Pocket Maximum.
Family Out-of-Pocket Maximum is cumulative for all family members combined.

Preauthorization Penalty	**Preferred Provider/ Non-Preferred Provider**	
Failure to Preauthorize	Not applicable	50% up to $500 (whichever is less)

Inpatient Services/Benefits	**You Pay Preferred Provider**	**You Pay Non-Preferred Provider**
Hospital Care	20%	40%
Inpatient Rehabilitation and Skilled Nursing Care	20%	40%
Human Organ Transplant	Office Visit and Hospital Care Co-payments and Co-insurance apply. Transplants are covered when performed at a Health Alliance approved Facility.	
Mental Health Care	20%	40%
Substance Abuse Treatment	20%	40%

Outpatient Services/Benefits		
Office Visit-Primary Care	$20 (Deductible does not apply)	40%
Office Visit-Specialty Care	$40 (Deductible does not apply)	40%
Routine Prenatal Care	20%	40%
Wellness Benefit Program: Annual Physicals, Injections, Immunizations, Mammograms, PAP Smears, Prostate Screening, Colorectal Screening, Cholesterol Screening	$0 co-payment (Deductible does not apply)	40%
Well Child Care	$0 co-payment (Deductible does not apply)	40%
Breast Cancer Screening (Low-dose or digital mammography, comprehensive ultrasound breast screening)	$0 co-payment (Deductible does not apply)	40%
Allergy Treatment and Testing	20%	40%
Vision Care	$40 per visit (Deductible does not apply)	50%
Outpatient Surgery	20%	40%
Diagnostic Testing (X-rays and laboratory services)	20%	40%
Maternity Care (Hospital Care)	20%	40%
Routine Prenatal Care	20%	40%
Newborn Care (The first 48 hours of a newborn inpatient care following a vaginal delivery or 96 hours of newborn inpatient care following a delivery by Caesarean section are covered under the mother's maternity coverage.)	The properly enrolled newborn will be subject to a separate Hospital care co-payment/co-insurance and a separate Plan Year Medical Deductible	The properly enrolled newborn will be subject to a separate Hospital care co-payment/co-insurance and a separate Plan Year Medical Deductible
Mental Health Care	$20 (Deductible does not apply)	40%
Substance Abuse Treatment	$20 (Deductible does not apply)	40%
Home Health Care/Home Infusion	20%	40%
Hospice Care	Office Visit and Hospital Care Co-payments or Co-insurance applies	Office Visit and Hospital Care Co-payments or Co-insurance applies

NOTES:

Outpatient Services/Benefits	**You Pay Preferred Provider**	**You Pay Non-Preferred Provider**
Rehabilitative Therapy Services (Occupational, speech and physical therapies)	20%	40%
Speech Therapy for Pervasive Developmental Disorder (includes home setting)	20%	40%
Emergency Services (copay waived if admitted)	$175 (Deductible does not apply)	$175 (Deductible does not apply)

Ambulance Services (must be medically necessary)	$100 (Deductible does not apply)	$100 (Deductible does not apply)
Prostheses	20%	50%
Durable Medical Equipment, Orthopedic Appliances and Orthotics	20%	50%
TMJ Disorder	Office Visit and Hospital Care Co-payments or Co-insurance applies	Office Visit and Hospital Care Co-payments or Co-insurance applies
Spinal Manipulations	50% (Deductible does not apply)	
Retail Prescription Drugs- All other Pharmacies (Limited to a maximum 30-day supply)	10% Value Based $20 Tier 1 $40 Tier 2 $50 Tier 3	50% Value Based 50% Tier 1 50%Tier 2 50% Tier 3
Mail-Order Prescription Drugs (Limited to a maximum 90-day supply)	$55 Tier 1 $110 Tier 2 $137.50 Tier 3	50% Value Based 50% Tier 1 50%Tier 2 50% Tier 3
Choice 90 Rx Prescription Drugs (Limited to a maximum 90-day supply)	$55 Tier 1 $110 Tier 2 $137.50 Tier 3	50% Value Based 50% Tier 1 50%Tier 2 50% Tier 3
Infertility Services (Limited to diagnosis of infertility only)	20%	40%
Specialty Prescription Drugs	20%	50%
Other Covered Services	20%	40%

NOTES:

Retail and specialty prescription drugs may be prescribed by a Non-Preferred Provider but must be dispensed at a Preferred pharmacy or provided by a Preferred Provider.

Your Non-Preferred Provider Coinsurance is based on Usual, Customary and Reasonable (UCR) fees. In addition to the Coinsurance, you also pay any charges in excess of the UCR amount.

Preferred Provider Coinsurance, if any, is based on the allowed or discounted amount.

SOUTHERN ORTHOPEDIC ASSOCIATES EFFECTIVE 2-1-11

Inpatient and Referral Services
Inpatient Rehabilitative Services
Inpatient Notification
Skilled Nursing Facility
Substance Abuse Treatment, Inpatient
Transplant Services
Tertiary, Out Of Network Referral

Diagnostics
CT Scans-ALL
MRI Scans - ALL
PET Scans - ALL
PET/CT Combinations - ALL

Cardiac
Echocardiogram, Dobutamine Stress
Echocardiogram, Stress
Nuclear Stress Test, Dobutamine
Nuclear Stress Test, Persantine
Nuclear Stress Test, Thallium/Technitium/Sestamibi

Gastrointestinal
Electrical Stimulation for Gastroparesis

Genetic Testing - ALL

Surgical Procedures

Cardiology
Angiogram, Coronary (Left and Right Heart Catheterization)
Biventricular Pacing/Combination Resynchronization-Defibrillator
Cardiac Catheter Radiofrequency Ablation
Implantable Cardioverter Defibrillators
Percutaneous Transluminal Coronary Angioplasty (PTCA)
Surgical Maze Procedure
Wearable Cardiac Defibrillator (WCD)

Cardiothoracic
Lung Volume Reduction

General Surgery
Bariatric Surgery
Cryosurgical and Radiofrequency Ablation of Renal Cell Carcinoma

Hand/Plastic/Reconstructive
Abdominoplasty/Panniculectomy
Breast Reconstruction
Breast Implant Removal
Cosmetic Surgery Following Accidental Trauma
Cosmetic and Reconstructive Surgery
Gynecomastia
Hemangioma
Lesions of the Skin and Soft Tissue
Port Wine Stains
Reduction Mammoplasty, Female
Scar Revision
Skin Substitutes

Neurosurgery
CyberKnife
Lumbar Fusion
Radiofrequency Facet Denervation for Back & Neck Pain
Spinal Cord Stimulator
Stereotactic Introduction, Subcortical Electrodes

Obstetrics & Gynecology
Abortion
Home Birth
Infertility
Ovarian Diathermy
Recurrent Pregnancy Loss

Ophthalmology
Blepharoplasty and Eye Lid Repair
Intrastromal Corneal Ring Segments (INTACS)
Refractive Eye Surgery
Vision Prescriptions: Intraocular and Contact Lenses and Glasses

Oro-Maxillo-Facial, Dental, Otolaryngology
Dental Services in a Facility
Bone Anchored Hearing Assist Device
Cochlear Implant
Rhinoplasty
Uvulopalatopharyngoplasty (UPPP)

Orthopedic-Lower Extremity
Chondrocyte Transplant (ACT)/Implant (ACI), Osteochondral Allograft, Osteochondral Autograft (OAT/mosaicplasty)
Hip Resurfacing Arthroplasty
Meniscal Allograft Transplant

Urology
Erectile Dysfunction
InterStim: Implantable Sacral Nerve Stimulation for Urinary Dysfunction
Testosterone, Implantable
Vasectomy in a Facility

Vascular
Endovenous Laser/RFA for Varicose Veins

Special Procedures
Bone Marrow Harvesting and Storage HLA
Electrical Stimulation for Gastroparesis
Liver Neoplasms, Treatment Methods
Polysomnogram - no PA if ordered by board certified sleep specialist
Proton Beam Therapy
Unattended Portable Sleep Studies

Ancillary and Specialty Pharmacy
Ambulance, non-emergent
Home Health Services
Home Infusion
Monitored Anesthesia Care/Facility Utilization

Specialty Pharmacy
Age-Related Macular Degeneration Treatment: Lovenox, Avastin, Macugen
Alpha-1 Antitrypsin Deficiency, IV Augmentation Therapy
Bone Morphogenetic Protein, Human, Recombinant
Botulinum Toxins
Home Enteral/Parenteral Administration/Nutritional Products
Intravenous Immunoglobulin (IVIG)
Low Molecular Weight Heparins (Lovenox)

Specialty Services
Autism Spectrum Disorders
Bone Marrow Harvesting & Storage
Clinical Trials, Phase II and III
Complications Arising From Non-Covered Procedures
Dialectical Behavioral Therapy
Extracorporeal Membrane Oxygenation
Home Birth
Hyperbaric Oxygen Therapy
Laser Treatment of Psoriasis
Spinal Manipulation and Mobilization
Therapeutic Plasma Exchange (TPE)/Electrophoresis
Vision Therapy
Robotically-assist surgery

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