

Medical Plan - PacifiCare

October 1, 2003 - September 30, 2004

Information provided is in summary format. Any difference between the summary provided and actual contract will be settled in favor of the contract.

Policy Number	801173
Network	<u>PacifiCare Providers</u>
Deductible	None
Out-of-Pocket Max	\$1,500 Individual/\$3,000 Family
Maximum Benefit	Unlimited
Office Visits	\$15 Copay
Preventive Care	\$15 Copay
Lab Work	100%
Ambulance	100%
Hospital Inpatient	\$100 Copay/Admission
Emergency Room	\$50 Copay plus 10% (waived if admitted)
Chiropractic	\$15 Copay
Rehabilitation:	
Inpatient**- 15 days/yr	\$100 Copay/Admission
Outpatient	\$15 Copay
Mental Nervous:	
Inpatient- 20 days/yr	\$100 Copay/Admission, then 80%
Outpatient - 30 visits/yr	\$30 Copay
Chemical Dependency:	
Inpatient - 45 days/yr	100%
Outpatient - 45 visits/yr	\$15 Copay
Vision - one exam/yr	\$15 Copay See the self-funded NBN <u>Vision Plan Summary</u> offered by the Seattle School District to all eligible employees.
Hearing - one exam/yr	\$15 Copay
Retail Prescriptions (Par Pharmacies)	Generic: \$15 Copay Formulary Brand: \$25 Copay Non-Formulary Brand: \$40 Copay
RX Supply - Retail	30-day supply
Mail Order Prescriptions	Generic: \$30 Copay Formulary Brand: \$50 Copay Non-Formulary Brand: \$80 Copay
RX Supply - Mail Order	90-day supply
Notes	*No benefits are payable for services outside of the PacificCare Managed Care Network unless it is a medical emergency. Also, referrals are generally required from your Primary Care Provider (PCP) for care outside your PCP.