

INDIVIDUAL PLAN I+ 20/500D
SCHEDULE OF BENEFITS
AUGUST 1, 2005 TO JULY 31, 2006

Annual Copayment/Coinsurance Maximum \$5,000 per Member/\$15,000 per Family

In order to ensure that Copayments/Coinsurance never become a barrier to receiving health care, PacifiCare provides an Annual Copayment/Coinsurance Maximum.

When Copayments/Coinsurance made by a Member during any Calendar Year exceed the Annual Copayment/Coinsurance Maximum, then no further Copayments/Coinsurance will be required for services received during the remainder of the Calendar Year. The Family Copayment/Coinsurance Maximum is computed at three times the Member Maximum specified above.

The Annual Copayment/Coinsurance Maximum does not apply to any nonauthorized services.

A member must keep all of his or her receipts to submit proof of reaching the Copayment/Coinsurance Maximum.

Benefits While Hospitalized as an Inpatient

Inpatient Hospital Services	\$500 Copayment per day
Inpatient Physician Care	Paid in full
Anesthesiologist Services	Paid in full
Inpatient Rehabilitation Care	\$500 Copayment per day
Maternity Care	\$500 Copayment per day
Newborn Care	\$500 Copayment per day
Skilled Nursing Care (<i>up to 100 days per Calendar Year</i>)	\$250 Copayment per day
Transplants (<i>\$250,000 lifetime maximum; 12-month Exclusion Period with credit for prior coverage, subject to applicable Copayment</i>)	\$500 Copayment per day

Benefits Available on an Outpatient Basis

Allergy Testing and Treatment	\$20 Copayment
Diabetic Education Programs	Paid in full
Diagnostic Laboratory and Radiology	\$20 Copayment
Durable Medical Equipment	20% Coinsurance
Family Planning Tubal Ligation Vasectomy Voluntary Termination of Pregnancy	Copayment is determined based on place of service
Hearing Screening and Refractive Eye Exams (<i>one per Calendar Year</i>)	\$20 Copayment
Home Health Care	\$20 Copayment
Hospice	Paid in full
Injections (<i>allergy, contraception, immunization</i>)	\$20 Copayment
Maternity Care Prenatal Care, Outpatient Exams and Tests and Postnatal Care	\$100 Copayment per pregnancy
Office Visits (<i>including women's health care services</i>)	\$20 Copayment

Outpatient Surgery Facility Fee and Procedures	\$250 Copayment per day
Rehabilitation Therapy Short-term Speech, Physical and Occupational Therapy <i>(up to 30 visits per Calendar Year per modality)</i>	\$20 Copayment
Routine Health Evaluations <i>(including women's health care services)</i>	\$20 Copayment
Well-Baby and Well-Child Care	\$20 Copayment

Use of Emergency Services

Emergency Services <i>(Copayment waived if admitted directly as inpatient from emergency room)</i>	\$100 Copayment
Urgent Care	\$50 Copayment
Ambulance	Paid in full

Benefits Available for Alcoholism and Mental Health

<p>Alcoholism Services</p> <p>Inpatient Hospital Services for Rehabilitation Residential Facility Treatment Detoxification Outpatient Services</p> <p><i>Coverage for all types of alcoholism treatment shall be limited to \$4,500 in the Benefit Period. The Benefit Period is 24 months of coverage from January 1, 2005 to December 31, 2006. The subsequent period is January 1, 2007 to December 31, 2008.</i></p>	<p>\$500 Copayment per day \$500 Copayment per day \$500 Copayment per day Not covered</p>
<p>Mental Health Services</p> <p>Inpatient Services and Residential Facility Treatment <i>(up to 2.5 Floating Benefit Units for adults and 3 Floating Benefit Units for children**)</i></p> <p>Outpatient Services <i>(up to 20 visits per Calendar Year)</i> <i>**Floating Benefit Unit – One unit equals one day of inpatient hospital services or two days of residential full-day treatment or four days of residential part-day treatment up to the benefit limit.</i></p>	<p>\$500 Copayment per day</p> <p>\$20 Copayment per visit</p>

Lifetime Maximum Benefit

\$2,000,000

Principal Exclusions and Limitations

All services and benefits for care and conditions within each of the following classifications will be excluded from coverage under this Health Plan.

Exclusions

- Acupuncture
- Addictions to Food, Caffeine and Tobacco
- Air Conditioners
- Art Therapy
- Artificial Heart
- Behavior Modification and Conduct Disorders
- Behavioral Health Treatments – treatment sessions provided by telephone or computer Internet
- Chiropractic Care
- Communication Devices
- Complementary and Alternative Medicine
- Cosmetic Procedures
- Court Ordered Care
- Custodial or Domiciliary Care
- Dental Services and Dental Appliances
- Elective or Voluntary Enhancement Procedures
- Exercise Equipment and Services
- Experimental or Investigational Procedures
- Eye Surgery for improving refraction
- Gambling Addition
- Hearing Aids and Hearing Devices
- Infertility Reversal
- Infertility Services
- Institutional Services and Supplies
- Learning Disabilities
- Lost or Stolen Medications
- Marriage Counseling
- Medicare Benefits for Medicare Beneficiaries
- Methadone Treatment or Maintenance
- Non-Licensed Professionals
- Non-Organic Therapies
- Nursing-Private Duty
- Obesity Treatment
- Occupational Injuries
- Oral Surgery
- Organic Therapies
- Out of Area Students and Dependents
- Prescription Drugs
- Sex Therapy
- Sex Transformations
- Sexual Dysfunction
- Spiritual Counseling
- Vision Materials
- Vision Training
- Weight Alteration Programs (Inpatient and Outpatient)

Limitations

- Alcoholism, Drug Addition and Other Substance Abuse Rehabilitation
- Behavior Modification and Non-Crisis Mental Health Counseling and Treatment
- Biofeedback
- Bloodless Surgery Services
- Bone Marrow and Stem Cell Transplant
- Breast Implants
- Circumcision
- Diabetic Education Programs
- Dental Care, Dental Appliances, Orthodontics
- Dental Treatment Anesthesia
- Dialysis
- Disabilities Connected to Military Services
- Drugs and Prescription Medications (Outpatient)
- Durable Medical Equipment
- Education Services for Developmental Delays and Learning Disabilities
- Elemental Enteral Formula
- Eye Wear and Corrective Refractive Procedures
- Family Planning
- Follow Up Care: Emergency Services
- Foot Orthotics/Footwear
- Genetic Testing
- Government Services and Treatment
- Health Care Expenses Incurred Due to Liable Third Party
- Hospice Care
- Immunizations
- Institutional Services and Supplies
- Mastectomy
- Medicare Benefits for Medicare Eligible Members
- Mental Health Benefits
- Midwife Services
- Nutritional Supplements or Formulas
- Organ Donor
- Outpatient Medical Rehabilitation Therapy
- Off Label Drug Use
- Oral Surgery and Dental Services
- Oral Surgery and Dental Services; Dental Treatment Anesthesia
- Organ Donor Services
- Organ Transplant
- Physical and Psychological Examinations
- Private Rooms and comfort items
- Prosthetics and Corrective Appliances
- Public Facility Care
- Pulmonary Programs
- Reconstructive Surgery
- Rehabilitation Services and Therapy
- Respite Care
- Routine Health Evaluations
- Services in the Home
- Surrogacy
- Skilled Nursing Care
- Temporomandibular Joint Syndrome (TMJ)
- Transportation
- Transplants
- Usual, Customary or Reasonable (UCR)
- Ventricular Assist Devices
- Veterans Administration Services
- Vision Care

This schedule summarizes your PacifiCare coverage. For exact coverage terms and conditions, refer to your Individual Plan agreement. The coverage described in this brochure is only for care provided by, or arranged and authorized by your Primary Care Provider or Contracting Medical Group.

NOTE: This is not a contract — this is the Schedule of Benefits and it only constitutes a summary of the health plan. The contract must be consulted to determine the exact conditions of coverage.

For further information, call our Customer Service Department at 1-800-932-3004 (TTY 1-800-786-7387) Monday to Friday, 7:00 a.m. to 9:00 p.m.

**P.O. Box 6090
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**Customer Service:
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