

Plan facts	Member services	(800) 624-8822 Annual enrollment information: (800) 624-8822		
	Member services hours	Mon-Fri: 7:00 AM-9:00 PM PT		
	Web address Product name	www.pacificare.com SignatureValue		
Your medical expenses	Office visits	\$15 (PCP) or \$25 (specialist) copay per visit		
	Maternity care prenatal office visits	\$15 copay for initial visit, thereafter covered at 100% (Specialist copay may apply)		
	Inpatient hospitalization	\$500 copay per admission		
	Outpatient surgical care	\$200 copay for hospital care. Office visit copay applies in physician's office		
	Outpatient lab and X-ray Emergency room care Urgent care facility	Covered at 100%. \$200 copay for specialized scanning and imaging \$50 copay/visit (waived if admitted) \$50 copay/visit (waived if admitted)		
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 30-day supply (\$40 copay for non-preferred generic drugs)		
	Mail order	\$20 copay (generic), \$40 copay (preferred brand), \$80 copay (non-preferred brand) per prescription up to 90-day supply		
Preventive care	Routine physical and GYN exam	\$15 copay per visit. Specialist copay may apply		
	Routine vision exam	\$15 copay per visit (PCP) for screenings only. Limit 1 visit per year		
	Well-child care and immunizations	\$15 copay per visit. Specialist copay may apply. Covered at 100% up to age 2		
	Routine mammography	\$15 copay per visit. Specialist copay may apply		
Mental health	Inpatient	\$500 copay per admission. Limit 30 days per year combined with Inpatient SA. Serious Mental Illness: Unlimited days		
	Outpatient	\$15 copay per visit. Limit 52 visits per calendar year combined with outpatient SA. Serious Mental Illness: Unlimited days		
Substance abuse	Inpatient detoxification	\$500 copay per admission. Contact plan for details. Limits apply combined with inpatient rehab and MH		
	Inpatient rehabilitation	\$500 copay per admission. Limit 30 days per year combined with inpatient detox and MH		
	Outpatient detoxification	\$15 copay per visit. Contact plan for details. Limits apply combined with outpatient MH		
	Outpatient rehabilitation	\$15 copay per visit. Limit 52 visits per year combined with outpatient MH		
Other professional care	Outpatient physical/speech/occupational therapy	\$25 copay per visit. Unlimited visits		
	Chiropractic care	\$15 copay per visit. Limit 20 visits per year		
Out-of-network coverage	Out-of-network non-emergency care	Not covered		
Key facts	NCQA status:	Excellent	Domestic partner coverage available:	Yes
	PCP referral required for specialist:	Yes	Domestic partner children coverage avail.:	Yes
	Lifetime Maximum Benefit:	NA		
	Provider Network:	See website for details		

* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.