

Plan facts	Member services Member services hours Web address Product name	(800) 877-9777 Annual enrollment information: (800) 877-9777 Mon-Fri: 7:00 AM-8:00 PM MT www.pacificare.com PacifiCare SignatureValue		
Your medical expenses	Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$15 (PCP) or \$25 (specialist) copay per visit \$15 copay for initial visit, thereafter covered at 100% (Specialist copay may apply) \$500 copay per admission \$200 copay for hospital care. Office visit copay applies in physician's office Covered at 100%. \$200 copay for specialized scanning and imaging \$50 copay/visit (waived if admitted) \$25 copay/visit		
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 Routine vision exam Well-child care and immunizations Routine mammography	\$15 copay per visit. Specialist copay may apply \$15 copay per visit (PCP) for screenings only. Limit 1 visit per year \$15 copay per visit. Specialist copay may apply \$15 copay per visit. Specialist copay may apply		
Mental health	Inpatient	\$500 copay per admission. Limit 45 days per year. Serious Mental Illness: Unlimited days		
	Outpatient	Covered at 100% for visits 1-5; \$25 copay per visit thereafter		
Substance abuse	Inpatient detoxification	Covered at 100%. Limits apply. Contact plan for details		
	Inpatient rehabilitation	Covered at 100% . Limit 45 days per year		
	Outpatient detoxification	Covered at 100%. Limits apply. Contact plan for details		
	Outpatient rehabilitation	Covered at 100% for visits 1-5; \$25 copay per visit thereafter. Limit 1 course of treatment per calendar year, 2 courses per lifetime		
Other professional care	Outpatient physical/speech/occupational therapy	\$15 copay per visit. Limit 60 visits per therapy per calendar year		
	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: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent Yes NA See website for details	Domestic partner coverage available: Domestic partner children coverage avail.: 	Yes Yes

* Indicates a benefit change

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