

Plan facts	Member services Member services hours Web address Product name	(800) 347-8600 Annual enrollment information: (800) 347-8600 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) \$50 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	Physical: \$15 copay per visit. Specialist copay may apply. Limit 1 visit per year. GYN: \$15 copay per visit. Specialist copay may apply \$25 copay per visit. Limit 1 exam per year \$15 copay per visit. Specialist copay may apply \$15 copay per visit. Specialist copay may apply
Mental health	Inpatient Outpatient	\$500 copay per admission. Limit 30 days per calendar year. Serious Mental Illness: Limit 40 days per calendar year \$15 copay per visit. Limit 52 visits per calendar year
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	\$500 copay per admission. Limits apply. Contact plan for details \$500 copay per admission. Limit 30 days per calendar year combined with inpatient detoxification* \$15 copay per visit. Limit 52 visits per calendar year combined with outpatient rehab \$15 copay per visit. Limit 52 visits per calendar year combined with outpatient detox
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care	\$25 copay per visit. Unlimited visits \$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: Commendable PCP referral required for specialist: Yes Lifetime Maximum Benefit: NA Provider Network: See website for details	Domestic partner coverage available: Yes Domestic partner children coverage avail.: Yes

* Indicates a benefit change

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