

2010 Medical Plan Summary

Symetra

Member Services: 800-497-3699 • Web site: www.restat.com (participating pharmacy information)

TYPE OF SERVICE	IN-NETWORK
Deductible	none

Plan Pays:

Physician's Services (excludes routine exams and injections)	up to \$70/visit; maximum \$300/person/year
Preventive Care (includes routine exams and injections)	up to \$150/person/year
Accident Benefits (services provided within 90 days of an accident)	up to \$1,000/person/year
Outpatient Diagnostic X-ray and Lab	up to \$70/visit; maximum \$300/person/year
Inpatient Hospital <ul style="list-style-type: none"> • Semiprivate • Intensive Care • Skilled Nursing Facility (following a hospital stay of at least 3 days) • Maximum lifetime hospital benefit 	includes chemical dependency up to \$800/day; maximum 30 days/person/year up to \$1,600/day; maximum 30 days/person/year up to \$400/day; maximum 60 consecutive days/stay 500 days/person/lifetime
Surgery	up to \$1,500/person/year
Maternity Care <ul style="list-style-type: none"> • Inpatient • Office Visit 	up to \$800/day; maximum 30 days/person/year up to \$70/visit; maximum \$300/person/year
Prescription Drugs <ul style="list-style-type: none"> • Generic • Brand 	100% after \$15 copay 100% after \$30 copay maximum \$500/person/year; \$1,000/family/year
Mental Health <ul style="list-style-type: none"> • Inpatient • Outpatient 	up to \$400/day up to \$70/visit
Lifetime Max	none

Contact Member Services directly for a list of medical exclusions.