

These services must be provided by a Physicians Plus Insurance Corporation participating provider. This Outline of Coverage is only a summary of benefits under this plan.

Policy Deductible	None
Policy Coinsurance	As described for specifically identified benefits.
Policy Maximum Out of Pocket (MOOP)	\$500 annually per member for medical supplies (including durable diabetic equipment and related supplies) and durable medical equipment.
Policy Lifetime Maximum Benefit	\$2,000,000 per member.

PREVENTIVE SERVICES	
Office visits for preventive health care, including:	
Adult Routine Physical Examinations	Covered in full.
Well Child Examinations (0–17 years)	Covered in full.
Immunizations	Covered in full.
Mammogram Screenings	Covered in full.

OUTPATIENT SERVICES	
Adult Office Visits	Covered in full.
Child Office Visits (0-17)	Covered in full.
Adult Chiropractic Visits	Covered in full.
Child Chiropractic Visits	Covered in full.
Vision and Hearing Exams (Adult & Child)	Covered in full. One routine exam (does not include contact lens fitting) per contract yr.
Hearing Aids	Covered at 80%. One hearing aid per ear no more than once every three yrs. up to a maximum payment of \$1,000 per hearing aid.
Allergy Injections	Covered in full.
Routine Pre- and Post-natal Maternity Office Visits	Covered in full.
Medical Imaging and Laboratory Tests	Covered in full.
Oral Surgery	Covered in full. Limited to procedures listed in the Benefits and Services section of the "It's Your Choice" booklet.
In-Office Surgery	Covered in full.
Outpatient Surgery	*Covered in full.
Immediate/Urgent Care Services	Covered in full.
Radiation Therapy	Covered in full.

INPATIENT SERVICES	
Hospitalization (Semi-private Room)	*Covered in full.
Inpatient, Physician and Nursing Care	*Covered in full.
Surgery, Anesthesia and Related Supplies	*Covered in full.
Maternity	*Covered in full.
Medical Imaging and Laboratory Tests	*Covered in full.
Special Units Care	*Covered in full.
Oxygen	*Covered in full.
Inpatient Medications	*Covered in full.

*Requires prior authorization. All benefits are paid according to terms of the Master Contract between Physicians Plus and the Group Insurance Board. Uniform Benefits, including a Schedule of Benefits, are wholly incorporated in the Master Contract. The Schedule of Benefits describes certain essential dollar or visit limits of your coverage and certain rules, if any, you must follow to obtain covered services.

EMERGENCY SERVICES	
Ambulance Service (Air/Ground)	Covered in full as is medically necessary.
Emergency Room	\$60 copayment per visit. Copayment waived if admitted as an inpatient directly from emergency room.

MENTAL HEALTH and ALCOHOL OR OTHER DRUG ABUSE (AODA) SERVICES	
Outpatient Services	\$1,800 maximum per member per contract year.
Transitional Services	\$2,700 maximum per member per contract year.
Inpatient Services	30 days or \$6,300, whichever is less, per member per contract year.
Maximum Benefit	The maximum benefit for inpatient, outpatient and transitional services is \$7,000 per member per contract year.

The maximum is determined using the average amount paid to the providers by Physicians Plus and excludes costs associated with diagnostic testing and prescription drugs. The benefit is not subject to a copayment.

NOTE: Annual dollar maximums for mental health services are suspended. However, day limit maximums do apply, if applicable.

Annual dollar maximums remain in force for treatment of alcohol and drug abuse. Any benefits paid during the year for mental health services will be applied toward the annual benefit maximum for alcohol and drug abuse treatment when determining whether benefits for alcohol and drug abuse treatment remain available.

OTHER SERVICES	
Home Care	*50 visits per member per contract year. 50 additional medically necessary visits per contract year may be authorized by Physicians Plus.
Outpatient Physical, Speech and Occupational Therapy	*Covered in full up to 50 visits for all therapies combined per contract year. Additional medically necessary visits may be available when authorized by Physicians Plus, up to a max. of 50 additional visits per therapy per contract year.
Hospice Care	*Covered in full when the member's life expectancy is six months or less; as authorized by Physicians Plus.
Licensed Skilled Nursing Home	*Covered in full for 120 days per benefit period. Skilled care only.
Medical Supplies and Durable Medical Equipment	*Covered at 80% per purchase or rental. Out-of-pocket expense will not exceed \$500 annually per member.
Accidental Dental	*Covered in full. Treatment must commence within 18 months of accident-related injury to natural teeth.
Cardiac Rehabilitation	*Covered in full for specific diagnoses.
Temporomandibular Disorder (TMD)	The maximum benefit for diagnostic procedures and non-surgical treatment is \$1,250 per member per contract year.
Transplants	*Limited to transplants listed in the Benefits and Services section of the "It's Your Choice" booklet; subject to a lifetime benefit of \$1,000,000 for transplants, including pre- and post-operative care.
Kidney Disease/Transplant	*Covered for inpatient and outpatient kidney disease treatment.
Cochlear Implants	*Covered at 80% when medically necessary and prior authorized by Physicians Plus.

PREVENTIVE DENTAL SERVICES
<i>Does not apply to Wisconsin Public Employer groups.</i>
No coverage provided under the Uniform Benefits. See the Dental Outline of Coverage for more information on Physicians Plus' preventive dental benefit.

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