

**AUBURN UNIVERSITY**  
**Effective January 1, 2001**

| BENEFIT   | PREFERRED CARE  | NON PREFERRED CARE   |
|---|---|--|
| GENERAL PROVISIONS  |   |  |
| Major Medical Deductible  | No deductible required for PMD services.  | \$150 per person per calendar year; maximum of three per family.   |
| Annual Out-of-Pocket Maximum  | Not applicable.   | \$1000 per person (excluding outpatient mental health services) plus the \$150 Major Medical deductible.   |
| Major Medical Lifetime Maximum  | \$1,000,000 lifetime maximum for each covered member.   |  |
| INPATIENT FACILITY SERVICES   |   |  |
| Coverage  | \$100 per admission deductible; 100% coverage for semi-private room and board, intensive care units, general nursing services and usual hospital ancillaries.   | \$100 per admission deductible; Services received in a non-participating hospital limited to \$10 a day for room and board and 75% of all other charges. In Alabama, services limited to accidental injury only. |
| Preadmission Certification  | All hospital admissions require Preadmission Certification, except maternity. Emergency admissions require certification within 48 hours of admission. For preadmission certification, call 1 800-248-2342 (toll-free). If preadmission certification is not obtained, no benefits are available. |  |
| Baby Yourself   | A prenatal wellness program with high risk pregnancy early intervention.  |  |
| Individual Case Management  | An alternative to lengthy hospitalizations.   |  |
| OUTPATIENT HOSPITAL FACILITY SERVICES                                     |   |  |
| Surgery   | Covered at 100% of the allowance subject to the \$50 facility copay.  | Covered at 100% of the allowance subject to the \$50 facility copay.   |
| Medical Emergency   | Covered at 100% of the allowance subject to the \$50 facility copay.  | Covered at 80% of the allowance subject to the Major Medical deductible.   |
| Accidental Injury   | Covered at 100% of the allowance with no deductible or copay within 72 hours of the accident.   | Covered at 100% of the allowance with no deductible or copay within 72 hours of the accident. After 72 hours, Major Medical benefits apply.  |
| Diagnostic Lab and X-ray  | Covered at 100% of the allowance with no deductible or copay.   | Covered at 100% of the allowance with no deductible or copay up to a maximum of \$500 per person each calendar year. After the \$500 maximum, Major Medical benefits apply.                                      |
| IV Therapy, Radiation Therapy & Chemotherapy                              | Covered at 100% of the allowance with no deductible or copay.   | Covered at 80% of the allowance subject to the Major Medical deductible.   |
| PHYSICIAN SERVICES  |   |  |
| Office Visits, Emergency Room Physician Fees and Outpatient Consultations | Covered at 100% of the PMD allowance subject to the \$25 office copayment.  | <b>In Alabama:</b> Covered at 50% of the PMD allowance subject to the Major Medical deductible.*<br><b>Outside Alabama:</b> Covered at 80% UCR subject to the Major Medical deductible.                          |

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|---|--|--|
| <b>Surgery, Anesthesia, Inpatient Visits, Second Surgical Opinions &amp; Inpatient Consultations, and Maternity</b> | Covered at 100% of the PMD allowance with no deductible or copay.  | <b>In Alabama:</b> Covered at 50% of the PMD allowance subject to the Major Medical deductible.*<br><b>Outside Alabama:</b> Covered at 80% UCR subject to the Major Medical deductible.  |
| <b>Diagnostic X-rays and Lab Exams</b>  | Covered at 100% of the PMD allowance with no deductible or copay. Limited to a combined preferred and/or non-preferred maximum of \$500 per person each calendar year.                   | <b>In Alabama:</b> Covered at 100% of the PMD allowance with no deductible or copay up to a maximum payment of \$500 per person per calendar year. After the \$500 maximum, Major Medical benefits apply.<br><b>Outside Alabama:</b> Covered at 100% of the allowance with no deductible or copay up to a maximum of \$500 per person each calendar year. After the \$500 maximum, Major Medical benefits apply.<br><b>Note:</b> The \$500 maximum is a combined maximum for services rendered in Alabama and outside Alabama. |
| <b>Cancer Treatment</b><br>(Facility and Physician services)  | Covered at 100% of the PMD allowance with no deductible or copay.  | <b>In Alabama:</b> Covered at 50% of the PMD allowance subject to the Major Medical deductible.*<br><b>Outside Alabama:</b> Covered at 100% UCR subject to the Major Medical deductible.   |
| <b>PREVENTIVE CARE SERVICES</b>   |  |  |
| <b>Inpatient Routine Newborn Care</b>   | Covered at 100% of the PMD allowance with no deductible or copay.  | Not covered.   |
| <b>Well Child Care</b>  | Covered at 100% of the PMD allowance subject to the \$25 office copay. Includes 9 visits during the first two years of the child's life and one visit per year thereafter through age 6. | Not covered.   |
| <b>Routine Immunizations</b>  | Covered at 100% of the PMD allowance with no deductible or copay.  | Not covered.   |
| <b>Routine Pap Smears</b>   | Covered at 100% of the PMD allowance with no deductible or copay. Limited to one per year. Subject to the \$25 office copay if applicable.   | Covered at 100% of the allowance with no deductible or copay. Limited to one per year.*  |
| <b>Routine Mammograms</b>   | Covered at 100% of the PMD allowance with no deductible or copay. Limited to one exam per year for women age 35 and above. Subject to the \$25 office copay if applicable.               | Covered at 100% of the allowance with no deductible or copay. Limited to one exam for women age 35 and above.*   |
| <b>Routine Prostate Specific Antigen</b>  | Covered at 100% of the PMD allowance with no deductible or copay. Limited to one per year for males age 40 and over. Subject to the \$25 office copay if applicable.                     | Covered at 100% of the allowance with no deductible or copay. Limited to one per year for males age 50 and over.*  |
| <b>Note:</b> Routine office visits are not covered when routine services are provided by a Non-PMD provider.        |  |  |
| <b>MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES</b>   |  |  |
| <b>Mental Health Inpatient Facility Services</b>  | Covered at 100% of the allowance subject to the inpatient per admission deductible. Covers up to 15 days per person each 12 consecutive months.  |  |

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|--|---|---|
| Inpatient Physician Services   | Covered at 80% of the allowance subject to the Major Medical deductible.  |   |
| Outpatient Physician Services  | Covered at 50% of the allowance subject to the Major Medical deductible.  |   |
| PARTICIPATING SUBSTANCE ABUSE FACILITIES   |   |   |
| Participating Substance Abuse Facilities: Residential or Outpatient or Residential/Outpatient Combined | Covers up to 120 days each benefit period with no deductible or copay. A benefit period begins the day you receive substance abuse benefits and lasts for 12 consecutive months afterward. The second benefit period begins on the day you receive any more substance abuse benefits. Benefits are limited to 2 benefit periods per member in a lifetime.   |   |
| OTHER COVERED SERVICES   |   |   |
| Participating Chiropractor Services  | Covered at 80% of the fee schedule subject to the Major Medical deductible when services are provided by a Participating Chiropractor.  | Covered at 80% of the fee schedule subject to the Major Medical deductible when services are provided by a non-Participating Chiropractor.  |
| Physical Therapy   | Covered at 80% UCR subject to the Major Medical deductible.   |   |
| Durable Medical Equipment  | Covered at 80% UCR subject to the Major Medical deductible.   |   |
| Ambulance Services   | Covered at 80% UCR subject to the Major Medical deductible.   |   |
| Allergy Testing & Treatment  | Covered at 80% UCR subject to the Major Medical deductible.   |   |
| Preferred Home Health and Hospice Care   | Covered at 100% of the allowance with no deductible or copay. Precertification required for services rendered outside of Alabama. Call 1 800 821-7231.  | <b>Within Alabama:</b> No benefits are available if a non-Preferred provider is used.<br><b>Outside Alabama:</b> Services are only available when precertified through Managed Care at 1-800-821-7231.  |
| PRESCRIPTION DRUGS   |   |   |
| Prescription Drug Card Program   | Generic drugs: \$5 copayment per prescription; Preferred Brand Name Drugs: \$20 copayment per prescription; Other Brand Name Drugs: \$35 copayment per prescription.<br><br>Drugs on the maintenance drug list may be purchased in up to a 90-day supply. Copayments for maintenance drugs greater than 34 days supply are: Generic drugs \$10 per prescription; Preferred Brand Name \$40 per prescription and Other Brand Name \$70 per prescription. | <b>Non-participating pharmacy in Alabama:</b> No benefits are available for prescription drugs purchased from a non-participating pharmacy in Alabama.<br><br><b>Non-participating pharmacy outside Alabama:</b> Covered at 100% of the drug allowance subject to the in-network copayments. Member will be responsible for the difference between the allowance and drug charge. |

This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.

\*These services do not apply to the out-of-pocket maximum.