PLEASE CONTACT IMAGINE360 OR THE PPO NETWORK AT THE PHONE NUMBER OR WEBSITE SHOWN ON YOUR PLAN I.D. CARD FOR INFORMATION ABOUT WHICH PROVIDERS ARE INCLUDED.

DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUM	IMAGINE HEALTH FACILITIES/PHYSICIANS	ENNIS REGIONAL FACILITY/PHYSICIANS AND HEALTHSMART PPO PHYSICIANS 2), 3)	NON IMAGINE/ENNIS REGIONAL FACILITIES AND NON- PPO PHYSICIANS 2), 3)
Lifetime Maximum	Unlimited		
Plan Year Deductible - Per Covered Person - Family Limit*	 $0 $0	 **$300** **$600**	 $1,000 $3,000
Annual Out-of-Pocket Maximum (includes Deductible, Medical and Rx Copays) - Per Covered Person - Family Limit*	 $1,500 $3,750	 **$3,000** **$7,500**	 $3,000 $7,500

FACILITY BENEFITS – Payment Levels:

This section applies to covered expenses for services rendered by Hospitals and other types of facilities which are not included in the **Preferred Provider Organization (PPO) network.**

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH FACILITY BENEFIT	ENNIS REGIONAL FACILITY BENEFIT	NON IMAGINE/ ENNIS REGIONAL FACILITY BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Inpatient Hospital Services	90%	80% after Deductible	70% after Deductible	UR Notification required.
Maternity Inpatient Hospital Services	90%	80% after Deductible	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care Inpatient Hospital Services	90%	80%; Deductible waived	70% after Deductible	Payable under covered mother' claim.
Skilled Nursing Facility/Rehabilitation Facility	90%	80% after Deductible	70% after Deductible	UR Notification required. Limited to 60 days combined per Plan Year.
Hospital Services for Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse Inpatient/Residential Treatment Facilities	90%	80% after Deductible	70% after Deductible	UR Notification required.
Hospital Emergency Room - Medical Emergency/Accidental Injury - Illness not a Medical Emergency	100% after $150 Copay; Deductible waived 80% after $250 Copay; Deductible applies		70% after Deductible	Contact UR Company for coordination of care.
Outpatient Surgical Facility	90%	80% after Deductible	70% after Deductible	UR Notification required.
Outpatient Therapy/Other Services Physical/Occupational Therapy/Speech Therapy Cardiac Rehabilitation	 90% 90%	 80% after Deductible 80% after Deductible	 70% after Deductible 70% after Deductible	 Limited to 20 visits per therapy per Plan Year.
Outpatient Diagnostic Services Select Diagnostic Procedures (CT Scans, MRIs, PET Scans, etc.)	90%	80% after Deductible	70% after Deductible	.
All Other Diagnostic Lab/X-ray (Facility only)	100%	80% after Deductible	70% after Deductible	
Preventive and Wellness Lab and X-ray	100%		70% after Deductible	

PHYSICIAN BENEFITS – Payment Levels and Limits:

This section applies to Physicians and all other Providers of service not included as Facility Providers. Benefits shown are available **based upon the Provider's participation in the PPO network.**

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3)	NON-HEALTHSMART PPO BENEFIT 2), 3)	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Physician Hospital Visits/Surgeon/Anesthesia	90%	80% after Deductible	70% after Deductible	
Physician Hospital Visit for Mental & Nervous Disorders/ Chemical Dependency, Drug and Substance Abuse	90%	80% after Deductible	70% after Deductible	
Maternity (Including Prenatal delivery and Postnatal care)	90%	80% after Deductible	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care (Pediatric care to date of mother's discharge.)	90%	80% after Deductible	70% after Deductible	
Office Visit (includes Exam, treatment, office surgery)	100% after $10 Copay PCP/$30 Copay Specialist	100% after $25 Copay PCP/$50 Copay Specialist	70% after Deductible	
Allergy Testing/Serum	100% after $10 Copay PCP/$30 Copay Specialist	100% after $25 Copay PCP/$50 Copay Specialist	70% after Deductible	
Allergy Injections (without office visit billed)	90%	80%; Deductible waived	70%; Deductible waived	
Mental/Nervous Disorders and Substance Abuse Office Visits	100% after $10 Copay PCP/$30 Copay Specialist	100% after $25 Copay PCP/$50 Copay Specialist	70% after Deductible	
Urgent Care Facility Physician Medical Care - Medical Emergency/Accidental Injury	100% after $25 Copay	100% after $45 Copay Deductible waived	100% after $75 Copay Deductible waived	
- Illness not a Medical Emergency	100% after $25 Copay	100% after $45 Copay Deductible applies	100% after $75 Copay Deductible applies	
United Concierge Medicine	N/A	$0 Consult Fee		***Call 844-4-VIPDOC***
Chiropractic Services	100% after $30 Copay	100% after $50 Copay Deductible waived	70% after Deductible	
Select Diagnostic Medical Procedures CT Scans, MRIs, PET Scans, etc. (Physician's Office or Freestanding Facility)	90%	80% after Deductible	70% after Deductible	
Diagnostic Lab/X-ray (Freestanding Facility, Independent Lab)	100%	100%; Deductible waived	70% after Deductible	

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO provider services.
3) Plan limits apply collectively/combined for PPO and Non-PPO services.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3)	NON-HEALTHSMART PPO BENEFIT 2), 3)	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Outpatient Therapy/Other Services Physical/Occupational Therapy, Speech Therapy	100% after $30 Copay	100% after $50 Copay Deductible waived	70%; Deductible waived	Limited to 20 visits per therapy per Plan Year.
Cardiac Rehabilitation	90%	80% after Deductible	70% after Deductible	
Home Health Services	90%	80% after Deductible	70% after Deductible	UR Notification required. Limited to 60 visits per Plan Year.
Inpatient Hospice (Home Hospice)	90%	80% after Deductible	70% after Deductible	UR Notification required.
Durable Medical Equipment	90%	80% after Deductible	70% after Deductible	UR Notification required.
Prosthetic Devices and Orthotics	90%	80% after Deductible	70% after Deductible	
Ambulance Services	90% after Deductible			Contact UR Company for Coordination of Care.
All Other Provider Covered Physician Services	90%	80% after Deductible	70% after Deductible	

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO and Non-PPO provider services.
3) Plan limits apply collectively/combined for PPO and Non-PPO services.

Preventive and Wellness Care Benefits

This benefit is payable for Covered Procedures incurred as part of a Preventive and Wellness Care Program and is not payable for treatment of a diagnosed Illness or Injury. Services must be identified and billed as routine or part of a routine physical exam/or as specified below.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3)	NON-PPO BENEFIT 2), 3)	LIMITS & PROVISIONS
All Covered Wellness Benefits	100%; Deductible waived	100%; Deductible waived	See age and frequency limits and other special provisions below

Examples of Covered Wellness Procedures to include but are not limited to:

1) Routine Physical Exam
2) Annual Well Woman Exam
3) *Annual Pap smear and other routine lab
4) *Annual Routine Mammogram
5) *Bone Density test
6) Annual PSA test (routine)
7) Well Baby Care Exam/Well Child Care Exam
8) Vision Screenings (to age 19)
9) Hearing Screenings for newborns
10) Routine Immunizations
11) Flu vaccine/pneumonia vaccine
12) *Routine lab, x-ray, diagnostic testing and other medical screenings
13) Smoking/Tobacco Use Cessation (limited to 2 attempts + 4 counseling sessions per attempt)
14) *All FDA-approved Women's Contraceptive methods/Sterilization procedures
15) *Routine Colonoscopy (includes polyp removal) – age 40 and older or family history of colon cancer

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO and Non-PPO provider services.
3) Plan limits apply collectively/combined for PPO and Non-PPO services.

* If these services are rendered by providers billing as a Facility, please refer to the appropriate category under Level I for the benefit.

NOTE: This Summary of Benefits only represents an overview of your medical benefits and are subject to change.