

**Georgia Department of Insurance
Managed Care Schedule of Benefits Summary**

Your policy becomes effective _____.

Schedule of Benefits	PLAN C	PLAN D
Annual Deductible: The amount you must pay each year for covered services before _____ has an obligation to pay any amount.	Nothing	Nothing
Lifetime Benefit Maximum: The most _____ will pay for the costs of non-Emergency Services over the course of your life.	Unlimited	Unlimited
Supplemental Charge and Co-Insurance Maximums: The annual maximums after which you no longer have to pay for specific services.	Single: \$2,500 Family: \$5,000	Single: \$2,500 Family: \$5,000
Benefits and Services	You Pay	You Pay
Outpatient Visits: Visits to physicians, consultation and treatment by specialists, lab, x-ray and other diagnostic services, medical social services, family planning, dressing, casts, catheters and catheter and ostomy supplies, allergy testing, short-term rehabilitation and physical, speech and occupational therapy, respiratory therapy, allergy injection, allergy maintenance serum, surgery at designated outpatient surgical facilities.	\$30 per visit \$5 per visit \$50 every 6 months \$100 Per visit	\$25 per visit \$5 per visit \$50 every 6 months \$75 Per visit
Preventive Care: Routine physical examinations, immunizations in general use, mammography, prostate cancer screening, health education, pap smears, vision and hearing screenings, contraceptive guidance. Well-child care	\$30 per visit No charge up to 2 Years of Age, then \$30 per visit	\$25 per visit No charge up to 2 Years of Age, then \$25 per visit
In the Hospital: Physician and surgeon services including surgery, anesthesia and consultations, general nursing care, special duty nursing when prescribed, intensive care, semi-private room (private room, if medically necessary), lab, x-ray	\$500 per admission	\$300 per admission

and other diagnostic services.		
Benefits and Services	You Pay	You Pay
Prescription Drugs: Up to a 30 days' supply or the standard prescription amount of drugs and certain accessories	\$21 for prescriptions and refills	\$21 for prescriptions and refills
Maternity and Related Benefits: Delivery and prenatal care and first potential visit, postnatal visits after the first postnatal visit	\$500 per delivery \$30 per visit	\$300 per delivery \$25 per visit
Emergency Services: In the service area - For emergencies that threaten life or health, call 911 or go to the nearest hospital emergency medical facility - regardless of whether or not it has been designated for emergency care by _____. If you feel that taking the time to call us would not jeopardize your life or health, we encourage you to call us so you can get the appropriate level of care. Plan charges are waived if admitted.	\$100 per visit	\$75 per visit
Mental Health: Short-term therapy	Inpatient: \$500 per Admission (30 days per calendar year) Outpatient: \$30 per visit; 20 visits per year	Inpatient: \$300 per Admission (30 days per calendar year) Outpatient: \$25 per visit; 20 visits per year
Alcoholism and Drug Detoxification: Alcohol and drug detoxification.	Inpatient: \$500 per admission Outpatient: \$30 per visit	Inpatient: \$300 per admission Outpatient: \$25 per visit
Rehabilitation: Short-term physical, speech and occupational therapy in the hospital or in an extended care facility and rehabilitation services,	Inpatient: \$500 per admission Outpatient: \$30 per visit	Inpatient: \$300 per admission Outpatient: \$25 per visit
Ambulance Service: Medically necessary ambulance service	No charge	No charge
Additional Benefits and Services: Dental services and appliances for accidental bodily injury to sound and natural teeth, non-surgical dental treatment, including splints and appliances, for Temporomandibular Joint Dysfunction when medically necessary.	50% of first \$1,000 and all charges thereafter 50% of charges	50% of first \$1,000 and all charges thereafter 50% of charges
Vision I: Eye exams for corrective lenses and screening for eye diseases.	\$15 per visit	\$15 per visit

Preventive care services are limited to routine physical exams and immunizations; \$250 limit per calendar year
 Outpatient Alcoholism and Drug Treatment is limited to \$1,000 per calendar year.