



CAROLINA DIRECT ADULTS PLANS WITH OFFICE VISIT COPAY

BASE PLAN	35-1000	35-1500	35-3000	35-5000
Network Benefit Period Deductible 3 per family	\$1,000	\$1,500	\$3,000	\$5,000
Non-Network Benefit Period Deductible 3 per family	\$2,000	\$3,000	\$6,000	\$10,000
Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) 2 per family	<i>You Choose:</i>			
Non-Network Coinsurance Out-of-Pocket Maximum (Excluding Deductible) 2 per family	\$1,500 Network \$4,500 Non-Network	OR	\$3,000 Network \$9,000 Non-Network	
Office Visit (OV) Copay	\$35			
Outpatient Mental Health & Substance Abuse OV Copay – Individual Therapy Group Therapy	\$35 \$17.50			
Urgent Care (UC) Copay	\$75			
Coinsurance Network/Non-Network	<i>You choose:</i> 80% / 60% OR 70% / 50%			
Lifetime Maximum	\$2,000,000			

BENEFITS	NETWORK	NON-NETWORK
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	19 Dependent, 23 Student; Removal at end of month	
Primary Care Physician/Office Services		
PCP Office Visit (Illness/Injury)	OV copay, then 100%	Deductible and coinsurance
Urgent Care Office Visit	\$75 copay, then 100%	
All Immunizations – medically necessary	100%	Deductible and coinsurance
Preventive Services		
Routine Physical Exams	OV copay, then 100%	Not Covered
All Immunizations	100%	Not Covered
Routine Vision Exam (One exam per benefit period)	\$25 copay, then 100%	Not Covered
Routine Hearing Exams	OV copay, then 100%	Not Covered
Well Child Care Services, including exams, immunizations and lab.	OV copay, then 100%	Not Covered
Routine Mammogram – (One per benefit period)	100%	Not Covered
Routine Pap Test	100%	Not Covered
Laboratory Test, X-Rays and Medical Tests	100%	Not Covered
Outpatient Services		
Allergy Testing and Treatments	Deductible and coinsurance	Deductible and coinsurance
Specialist Office Visit	Deductible and coinsurance	Deductible and coinsurance
Physical, Occupational & Speech Therapies Cardiac Rehabilitation & Pulmonary Rehabilitation (30 visits or \$1500 combined maximum per benefit period whichever maximum is reached first)	Deductible and coinsurance	Deductible and coinsurance
Chiropractic Services (\$350 max per benefit period)	Not covered	Deductible and coinsurance
Emergency Use of an Emergency Room	Network Deductible and coinsurance	
Non-Emergency Use of an Emergency Room & Physician	Network Deductible and coinsurance	
Surgical Services	Deductible and coinsurance	Deductible and coinsurance
Diagnostic Laboratory Test – Preferred Lab	100%	Deductible and coinsurance
Diagnostic Laboratory Test	Deductible and coinsurance	Deductible and coinsurance
Diagnostic Laboratory Test – Genetic Testing (\$5,000 per lifetime maximum)	50% No deductible. Does not accumulate towards the OOP maximum	



CAROLINA CARE PLAN®
A MEDICAL MUTUAL OF OHIO COMPANY

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BENEFITS	NETWORK		NON-NETWORK
Diagnostic Mammogram (one per benefit period)	100%		Deductible and coinsurance
Diagnostic X-Rays & Medical Test	Deductible and coinsurance		Deductible and coinsurance
Prescription Drug Coverage	Deductible and coinsurance		Not Covered
Inpatient Services			
Semi-Private Room and Board	Deductible and coinsurance		Deductible and coinsurance
Skilled Nursing Facility (60 days per benefit period)	Deductible and coinsurance		Deductible and coinsurance
Physical Medicine/Rehabilitation (\$100,000 per lifetime max)	Deductible and coinsurance		Deductible and coinsurance
Additional Services			
Ambulance (\$2500 max per benefit period)	Network Deductible and coinsurance		
Dental Services Due to an Accident	Network Deductible and coinsurance		
Diabetic Education & Training	OV copay, then 100%	Deductible and coinsurance	
Durable Medical Equipment (Surgical Bras limited to 2 per benefit period - \$1,000 max per year)	50% after deductible. Does not accumulate towards the OOP max.		
Home Health Care (30 visits per benefit period)	Deductible and coinsurance	Deductible and coinsurance	
Hospice (180 days per lifetime maximum)	Deductible and coinsurance	Not Covered	
Organ and Tissue Transplants*	Deductible and coinsurance	Not Covered	
Private Duty Nursing (\$1,000 max per benefit period)	Deductible and coinsurance	Deductible and coinsurance	
Self-Injectable Specialty Medication	\$75 copay, then 100%	Not Covered	
Weight Loss Surgery (\$10,000 per lifetime maximum)	Deductible and coinsurance	Deductible and coinsurance	
Wigs after Chemotherapy Treatments (limited to one wig up to \$250 per lifetime maximum)	100%		
Mental Health & Substance Abuse – administered by MHNNet Behavioral Health. Does not accumulate towards the OOP maximum.			
Inpatient Mental Health and Substance Abuse Services (20 days per benefit period)	Deductible and coinsurance		Not Covered
Outpatient Mental Health and Substance Abuse Services (20 visits per benefit period)	OV copay, then 100%		Not Covered
Optional Riders			
Maternity Rider			
Includes routine prenatal, delivery, postnatal care, lab services and inpatient hospitalization. Benefits are payable at a percentage of eligible expenses incurred in a given time period. The period of time is measured from the <u>effective date</u> of the maternity rider.	Eligible Expenses Incurred During This Time of the Policy		
	0 – 12 th months 10% of eligible expenses paid	13 th – 24 th months 50% of eligible expenses paid	25 th month and after 100% of eligible expenses paid
Prescription Drug Rider – Option B			
31 day supply from a network retail pharmacy	\$4/\$30/\$60 Generic/Preferred/Non-Preferred		

Benefits will be determined based on Carolina Care's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Carolina Care may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services. In certain instances, Carolina Care's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Carolina Care's negotiated rate with the provider.

* The proposed course of treatment for organ/tissue transplants must be pre-determined and approved by a Carolina Care case manager (except for corneal transplants). Failure to contact the case manager prior to the proposed course of treatment (including the evaluation, reasonable transportation & lodging) will result in a significant monetary penalty. Refer to your certificate for details.