## COMMUNITY CARE NETWORK PLAN

### BENEFIT SUMMARY

<table>
<thead>
<tr>
<th>Benefit/Feature</th>
<th>Pre-authorization or Authorization Requirements</th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (Non-Embedded*) (every Calendar Year)</td>
<td>$1,500/Individual; $3,000/Family (combined between Tier 1 and Tier 2)</td>
<td>$3,000/Individual; $6,000/Family (combined between Tier 1 and Tier 2)</td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (Embedded*) (every Calendar Year)</td>
<td>$6,550/Individual; $13,100/Family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Out-of-Pocket Maximums are combined between Tier 1 and Tier 2 and includes deductible, coinsurance and medical copayments and prescription copay/coinsurance, but does not include non-covered amounts above the plan’s fee schedule or allowable charge, or pre-authorization penalties.*

### PHYSICIAN SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Pre-authorization Required</th>
<th>Plan Pays 90% after deductible</th>
<th>Plan Pays 70% after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit to Primary Care Physician (PCP)</td>
<td>After deductible, first 2 Visits** Covered 100%. Subsequent visits, Plan pays 90% after deductible</td>
<td>Plan pays 70% after deductible</td>
<td>Plan pays 70% after deductible</td>
</tr>
<tr>
<td>Office Visit to Specialist</td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% after deductible</td>
<td>Plan pays 70% after deductible</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Inpatient*/Outpatient*/Office Professional Services</td>
<td>Pre-authorization Required</td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% after deductible</td>
</tr>
</tbody>
</table>

*Aggregating means you can only satisfy the Family “Deductible” or the Family “Maximum Out-of-pocket” by meeting the family amount if You have family, employee+child(ren), or employee+spouse coverage. The Plan doesn’t begin paying for health care expenses until the individual Deductible has been met. If You have individual coverage, the Plan doesn’t begin paying for health care expenses until the individual Deductible has been met. Refer to the Schedule of Benefits for Individual and Family amounts. |

### HOSPITAL SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Pre-authorization Required</th>
<th>Plan Pays 90% after deductible</th>
<th>Plan Pays 70% after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Admission**</td>
<td>(60 days per incident maximum)</td>
<td>Plan pays 70% after deductible</td>
<td>Plan pays 70% after deductible</td>
</tr>
<tr>
<td>Outpatient Ambulatory Surgery**</td>
<td>Pre-authorization Required</td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% after deductible</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% after deductible</td>
<td>Plan pays 70% after deductible</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>Authorization required within 48 hours</td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% after deductible</td>
</tr>
</tbody>
</table>

**Emergency services outside of the COMMUNITY CARE NETWORK (CCN) and Services Not Available within the COMMUNITY CARE NETWORK (CCN) will be paid at the Tier 2 Benefit Level.**

### OTHER SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Pre-authorization Required</th>
<th>Plan Pays 90% after deductible</th>
<th>Plan Pays 70% after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Therapies**</td>
<td>Pre-authorization Required</td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% after deductible</td>
</tr>
<tr>
<td>Laboratory Services**</td>
<td>Pre-authorization Required</td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% after deductible</td>
</tr>
<tr>
<td>Diagnostic Services**</td>
<td>Pre-authorization Required</td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% after deductible</td>
</tr>
<tr>
<td>Durable Medical Equipment**</td>
<td>Pre-authorization Required</td>
<td>Plan pays 90% after deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Home Health Care (k)</td>
<td>Pre-authorization Required</td>
<td>Plan pays 90% after deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Pre-authorization Required</td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% after deductible</td>
</tr>
</tbody>
</table>

### MENTAL DISORDER & SUBSTANCE ABUSE SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Pre-authorization Required</th>
<th>Plan Pays 90% after deductible</th>
<th>Plan Pays 70% after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Mental Disorder/Substance Abuse**</td>
<td>Pre-authorization Required</td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% after deductible</td>
</tr>
</tbody>
</table>

**Some of these services require pre-authorization. For Network services, your physician should obtain pre-authorization for you, however, you are ultimately responsible for pre-authorization for all services (In-Network), otherwise a penalty of 50% of the Plan’s allowable amount, to a maximum of $10,000 will be applied. Refer to www.apehp.com for a complete pre-authorization list.**

Note: For services to be covered outside of Tier 1 or Tier 2, you will be responsible for the full amount charged by the provider. For all Out-of-Network emergency hospital, physician and ancillary services the Plan will pay at the providers billed charges or a negotiated rate, whichever is less. Emergency Care and Urgent Care provided by an Out-of-Network Provider will be reimbursed at the network level, subject to the following: 1) The covered person must call the Plan at 1-888-670-8135 within 48 hours, or as soon as reasonably possible after an Emergency Care and Urgent Care visit. 2) Follow-up care or treatment by an Out-of-Network Provider will be treated as network benefits only to the extent it is Medically Necessary and Appropriate care or treatment rendered before the covered person can continue care provided by Participating/Network Providers. **Note: X-Rays, MRIs, CT Scans, PET Scans etc.**

Note: You may only use the Family “Deductible” or the Family “Maximum Out-of-pocket” by meeting the family amount if You have family, employee+child(ren), or employee+spouse coverage. The Plan doesn’t begin paying for the health care expenses of anyone in the family until the entire family Deductible has been met. If You have individual coverage, the Plan doesn’t begin paying for health care expenses until the individual Deductible has been met. Refer to the Schedule of Benefits for Individual and Family amounts.

Note: Only services performed in an office setting must be sent to Quest Diagnostics for benefit to be covered 100%. Labs not sent to Quest Diagnostics will be subject to the Out-of-Network benefit or not covered at all if no Out-of-Network benefit is offered.

Note: Preventive office visits do not count toward the first 2 Office Visits covered at 100%.