### In-Network Preventive Care Services as defined by Southern Health are not subject to the deductible.

<table>
<thead>
<tr>
<th>Category</th>
<th>In-Network MEMBER PAYS</th>
<th>Out-of-Network MEMBER PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Year Deductible (Individual/Family)</td>
<td>$1,500/$3,000</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Benefit Year Out-of-Pocket Maximum¹ (Individual/Family)</td>
<td>$3,000/$6,000</td>
<td>$6,000/$12,000</td>
</tr>
</tbody>
</table>

### Primary Care Physician Office Visit

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network MEMBER PAYS</th>
<th>Out-of-Network MEMBER PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist or OB/GYN Office Visit (See below for Maternity Services)</td>
<td>$20 copay¹</td>
<td>$40 copay¹</td>
</tr>
<tr>
<td>Allergy Testing &amp; Treatment</td>
<td>$40 PCP/$40 Specialist copay¹</td>
<td>$40 AC¹</td>
</tr>
<tr>
<td>Inpatient Hospital Services (facility and each professional provider)</td>
<td>20% AC¹</td>
<td>40% AC¹</td>
</tr>
</tbody>
</table>

### Emergency Care

- Hospital Emergency Room Visit (must meet definition of emergency care)
- Ambulance Transportation (non-emergency transportation must be preauthorized)
  
<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network MEMBER PAYS</th>
<th>Out-of-Network MEMBER PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>$150 copay (waived if admitted)</td>
<td>20% AC¹</td>
<td>40% AC¹</td>
</tr>
<tr>
<td>$75 copay*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Urgent Care Visit (must meet definition of urgent care)

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network MEMBER PAYS</th>
<th>Out-of-Network MEMBER PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal/postpartum care (after initial office visit copay)</td>
<td>20% AC¹</td>
<td>40% AC¹</td>
</tr>
<tr>
<td>Inpatient PCP or OB/GYN Provider Charge</td>
<td>20% AC¹</td>
<td>40% AC¹</td>
</tr>
<tr>
<td>Inpatient Facility Charge</td>
<td>20% AC¹</td>
<td>40% AC¹</td>
</tr>
</tbody>
</table>

### Maternity Services

- Combined maximum of $5,000 per benefit year for DME and Medical Supplies.
- Oxygen and diabetes supplies do not count toward this benefit maximum.

### Inpatient & Outpatient Services

- Maximum number of visits per benefit year unless otherwise noted.
- Maximum number of days per benefit year if specified.

### Lifetime Maximum Benefit (Per Member)

- Transplant Services: Unlimited
- Other Services: Unlimited

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Southern Health is a registered trade name of Southern Health Services, Inc. and Coventry Health and Life Insurance Company (CHLIC). The Southern Health PPO plans are underwritten by CHLIC.
The Following Services Are Not Covered Under Most Southern Health/CHLIC Benefit Plans

Southern Health/CHLIC does not cover any service or supply that is not Medically Necessary or that is not a Covered Service or is a direct result of receiving a non-covered service. In addition to the following services, specific equipment, and supplies are specifically excluded:

- **Administrative Examinations/Immunizations**: exams for employment, school, camp sports, licensing, insurance, adoption, marriage or those ordered by a third party.
- **Administrative Services**: Charges for cancelled appointments, telephone calls, completion of forms, transfer of records, copying of medical records or generation of correspondence.
- **Alternative Medicine**: Acupuncture, dietary counseling, herbal therapy, hypnotherapy, medical marijuana, naturopathy, and aromatherapy.
- **Behavioral Health and Substance Abuse**: long term behavioral health care, residential treatment, psychiatric evaluation/therapy related to judicial or administrative proceedings/orders when employer requested or required by school, educational testing or psychological testing, marriage or relationship counseling; vocational or employment counseling, treatment of mental retardation and learning disabilities is not covered under behavioral health and substance abuse benefits.
- **Blood**: drawing, preparation and storage of umbilical cord blood.
- **Braces** and supports for athletic participation or for employment
- **Charges in excess of any benefit limitations (e.g., number of days, etc.)**
- **Contraceptive** (birth control). Oral Contraceptives unless Your employer has elected the prescription drug rider
- **Cosmetic** treatment and/or surgery performed mainly to improve a Member’s appearance or for psychological benefits
- **Coverage** Services before the effective date of coverage or after the termination date of the member’s coverage period with Southern Health except as described the Evidence of Coverage/Contract of Southern Health.
- **Custodial care** including inpatient or outpatient custodial care, nursing home care, respite care, rest cures, domiciliary or convalescent care along with all related services
- **Dental services** or related expenses; oral appliances or devices (e.g. bite guards for teeth grinding, dental implants or complementsary medicine for snowing or sleeping); treatment of diseases of the teeth or gums except as defined in the EOC/COI; oral surgery that is part of an orthodontic treatment program, is required for correction of an occlusal defect, or is not specifically covered in the EOC/COI; shortening of the mandible or maxillae for cosmetic or orthodontic purpose; correction of malocclusion, and surgical orthodontics or orthognathics, and soft tissue procedures. Edentulous oral or maxillofacial surgical procedures are excluded.
- **Donor**: Procedures involving Member’s organ and tissue donors, unless the recipient is a covered Southern Health Member. Charges for tests and procedures related to donor searches.
- **Educational** classes, programs, and support groups including, but not limited to, prenatal courses, marital counseling, self-help training and other non-medical self care and those dealing with lifestyle changes.
- **Experimental/Investigational** Medical, surgical or other health care procedures that are experimental/investigational as described in the EOC/COI
- **Eye**: Routine eye exams; any services for eyeglasses or contact lenses including refraction unless prescribed by a doctor. Incurred in a manner related to surgery to correct refraction (e.g. radial keratotomy, lasik, and laser eye surgeries or vision correction procedures) eye exercises; eye therapy and visual augmentation devices
- **Foot**: Routine foot care including trimming of hyper keratotic lesions, calluses, and nails; orthotics, arch supports, corrective shoes, shoe inserts, heel elevations and fittings for such devices
- **Genetic Testing/Counseling**: Parental screening and related genetic counseling for genetic predisposition either before or after conception; pre-implantation genetic testing
- **Growth Hormone**: Growth Hormone for idiopathic short stature or for individuals over age eighteen (18) is not covered. Growth Hormones are only covered when the Group has a Prescription Drug Rider; refer to the Rider for specific information.
- **Hearing Aids**
- **Infertility**: Surgical or medical treatment of infertility, including services, office visits, lab and diagnostic tests, and procedures to promote conception by artificial means including, but not limited to, in vitro fertilization, intracytoplasmic sperm injection, artificial insemination, testicular transfer (ZIFT), artificial insemination and embryo transfers; human chorionotropin, urofollitropin, menotrops or derivatives; cost of donor sperm, services for sperm collection or sperm preservation
- **Medical Equipment**, **appliances**, **devices and supplies** including but not limited to: elbow or lower braces or supports; sciatica, vascular apparatus, cervical collars, corsets, bathing and battery chargers, exercise equipment, office chairs, air conditioners, filters, humidifiers, dehumidifiers, bedliners, mattress covers, sun or heat lamps, whirlpool baths, heating pads, rental or purchase of TENS units, items for personal hygiene, comfort, or convenience, including but not limited to grab/tub bars, tub benches, breast pumps, telephone, television, guest meals, and accommodations, take home medications, and supplies; home improvement items, including but not limited to, escalators, elevators, ramps, stair glides and the reconfiguration of a room or space occurred at a health spa, gym or similar facility, office visits for a non-covered device or supply
- **Newborn** hospital and physician charges during the inpatient stay following birth or any subsequent services when the newborn is not enrolled in the Plan within 31 days of birth
- **Nutrition training except for diabetes education;**
- **Outpatient/Inpatient** forms, transfer of records, tube feeding and medical foods
- **Out-of-Network**: Charges in excess of the Allowable Charge are not covered and will not accrue to the Out-of-Packet Maximum. (POS and PPO plans only)
- **Pregnancy**: Implantation services for any reason
- **Prescription drugs** (except insulin) unless Your group has elected the prescription drug rider
- **Private duty nurse** unless Medically Necessary or a semi-private room is not available.
- **Rehabilitation**: Long-term rehabilitation therapy; pulmonary rehabilitation.
- **Research**: Services for medical research, unless the services are specifically listed as covered in the EOC/COI
- **Robotics**: Charges related to robotics during surgery
- **Services or Supplies**: for injuries sustained during the commission of an illegal act; as a result of a Temporary Detention Order; required by law to be treated in a public facility; care for military service connected disabilities for which the Member is legally entitled to services when facilities are reasonably available to the Member. Services or supplies received before the effective date of coverage or after the termination date of the member’s coverage period with Southern Health/CHLIC except as described in the EOC/COI. Service and supplies for smoking cessation and nicotine addiction. Services rendered outside the scope of a participating or Non-Participating Provider’s license, rendered by a provider with the same legal residence as the Southern Health member, or rendered by a person who is a member of the Southern Health member’s family including a spouse, brother, sister, parent, step-parent, child or step-child.
- **Sexual aids, treatment of sexual dysfunction, or sex transformation or the reversal thereof.** This includes medical and mental health services
- **The removal of Stone**
- **Stockings**: elastic hose, graduated compression (TED) hose, Jobst stockings
- **Travel and Transportation** unless Medically Necessary and preauthorized
- **Testicular Implants**
- **Therapy** Physical or Occupational Therapy for the purpose of behavior modification or for improving performance in school or sports; Occupational Therapy for the purpose of treating sensory hypersensitivity; Sensory Integration Therapy
- **Weight reduction** programs; dietary supplements; medical or psychiatric services, office visits or procedures to treat obesity or for weight reduction, including but not limited to, gastric bypasses, “mini” gastric bypasses, stomach stapling, gastric balloons, jejunal bypasses, intestinal bypasses, liposuction, or body contouring procedures
- **Work related injuries or illnesses eligible for coverage by worker’s compensation**

**Services for the treatment of Biologically-Based Mental Illnesses, as defined by Southern Health, will be covered. For the purpose of determining benefit year or lifetime duration limits, lifetime episodes or treatment limits, deductibles, copayment and coinsurance factors, and benefit year maximums for deductibles, copayment and coinsurance factors, Biologically-Based Mental Illnesses will be treated the same as any other illness or condition.**

**Renewability/Termination of Coverage** - Coverage for members will renew on an annual basis unless otherwise terminated in the event of, among other things, misuse of your Member ID card, failure to continue to meet eligibility requirements of coverage, group’s or Member’s failure to pay premium or your failure to pay your payment responsibility for services rendered, your participation in activities which endanger the safety and welfare of Southern Health or its employees or providers, or termination of Southern Health’s agreement with your group for any reason. For material misstatements or fraudulent statements in the application process, coverage may be void. If a Subscriber’s coverage terminates for any reason, termination will be for the Subscriber and all covered Dependents. You may be able to obtain continuation of coverage or convert to individual coverage. Consult your benefits department or EOC/COI for further information.

The benefit payable for each service is 100% unless indicated otherwise. Southern Health’s benefit payable is calculated after subtracting from the Allowable Charge any applicable deductible, copayment, coinsurance or penalty owed by the Member.

This is only a summary description of benefits, exclusions and limitations that is subject to change. This is not a contract. A complete list of benefits, exclusions and the procedural requirements of the plan can be found in the EOC/COI. This is based on a defined Virginia Medicare fee schedule, a fixed per diem rate, a St. Anthony’s fee schedule or a fixed percentage of billed charges. The type and place of service determines the applicable schedule/rate.

+ After benefit year deductible paid.

1. All coinsurance and deductibles paid both in-network and out-of-network contribute to the respective out-of-pocket maximum, with the exception of charges in excess of the Allowable Charge, charges assessed to the covered individual as a notification penalty, charges paid by the covered individual for a non-covered service, and charges in excess of benefit limitations. Copayments do not apply to the benefit year out-of-pocket maximum.

2. AC (Allowable Charge) - Allowable Charge is the amount that a participating provider has agreed to accept as payment in full pursuant to its agreement with Southern Health/CHLIC. For non-participating providers the Allowable Charge is equal to the applicable schedule/rate.

3. If the copay is greater than the amount of the injection, then the member/covered individual will only be charged the cost of the injection.

4. Services for the treatment of Biologically-Based Mental Illnesses, as defined by Southern Health/CHLIC, will be covered. For the purpose of determining benefit year or lifetime duration limits, lifetime episodes or treatment limits, deductibles, copayment and coinsurance factors, and benefit year maximums for deductibles, copayment and coinsurance factors, Biologically-Based Mental Illnesses will be treated the same as any other illness or condition.