Solano County IHSS PA Symetra/Select Benefits - Summary of Benefits

Benefit Description	Coverage
Doctor's Office Visit Indemnity Benefits	\$85 per visit
· · ·	\$50,000* pp/pcy max.
Preventive Care Indemnity Benefit	\$150 per visit
	\$150 pp/pcy max.
Outpatient DXL	
Lab Benefit	\$10 per procedure
Benefit Max	\$50,000* pp/pcy max.
X-Ray	\$35 per procedure
Benefit Max	\$50,000* pp/pcy max.
Major Diagnostic Testing	\$200 per procedure
Benefit Max	\$50,000* pp/pcy max.
Overall Maximum for all DXL	\$50,000 Shared Maximum
Hospital Indemnity Benefit	\$1,500 daily hospital
	\$50,000* pp/pcy max.
	\$3,000 daily ICU
500 days lifetime maximum	\$50,000* pp/pcy max.
Hospital Inpatient Admission Benefit	\$2,000 per admission
Admittances	1 pp/pcy max.
Substance Abuse Facility Benefit	\$1,500 daily \$50,000* pp (pc) (max
Mental Health Facility Benefit	\$50,000* pp/pcy max. \$750 daily
	\$50,000* pp/pcy max.
Skilled Nursing Facility Benefit	\$750 daily
Skilled Hursing Facility benefit	\$50,000* pp/pcy max.
Surgical Benefit	\$5,000 pp/pcy max.
Subject to Surgical Schedule	Yes, Schedule D
Outpatient Surgical Facility	\$500 per surgery
Number of allowed occurrences	2 surgeris pp/pcy max.
Anesthesia Benefit	40% of surgical benefit
	\$2,000 pp/pcy max.
Emergency Room Benefit	\$200 per visit
	\$600 pp/pcy max.
Ambulance Benefit	
Ground Transportation Benefit	\$1000 per occurrence
Air Transportation Benefit Total number of allowed occurrences	\$2,000 per occurrence
Additional Accident Benefit	5 pp/pcy max. up to \$1,000 per occurrence
Occurrences	3 pp/pcy max.
Prescription Drug Copay Plan	\$3,000 pp/pcy max.
Generic Co-pay	\$5
Formulary Brand Name	\$20
Dental Indemnity Plan	
Annual Maximum	\$1,500 pp/pcy max.
Basic	\$100
Major	\$400
Orthodontia visit	\$250
Vision Indemnity Plan	
Per Exam	\$50 per exam, pp/pcy
Glasses/Contacts every 2 years	\$100/glasses; \$75/contacts
Pharmacy Discount Program	Included
Patient Advocacy Services	Included
TeleHealth Consultations (24/7 Medical)	Included
PPO Network (Medical Discounts)	Included - Interplan
Umbrella/Aggregate Coverage	-
Notes	Shaded benefits above share in \$50,000 pp/pcy/max.
	* pp/pcy/max = per person per calendar year maximum