

Plan "C" Benefit Highlights: Covered Services and Charges

Plan Provision	Benefit
Annual Aggregate Limit	For calendar year 2012, an annual aggregate limit of \$1.25 million applies to all hospital, medical and prescription drug benefits individually to you and each eligible dependent.
Hospital Expenses	
In-patient Hospital Services	Room and Board is covered 100%, and subject to a \$500 co-pay. This is an in-network benefit only for non-emergency admissions. All hospital admissions must be pre-notified through MagnaCare.
Out-patient Hospital Services	Covered 100%, and subject to a \$250 co-pay. This is an in-network benefit only for non-emergency admissions. All hospital admissions must be pre-notified through MagnaCare.
Emergency Room	Covered 100%, and subject to a \$100 co-pay, which is waived if patient is admitted to the hospital.
Nursery	Covered 100%, subject to a \$500 co-pay.
Chemotherapy, Dialysis, Radiation Therapy, Anesthesia	Covered up to 100% of Network Fee Schedule. These are covered in and out of network.
Non-Hospital Expenses	
Surgery - Physician's Charge	Covered 100%; in office surgery subject to \$100 co-pay. This is an in-network benefit only .
Pre-surgical consultation	Limit one per surgical procedure, covered 100%. This is an in-network benefit only .
Physician's Office Visit (non-preventative care only)	Covered 100%, and subject to a maximum of a \$50 co-pay.
Immunization	Paid at 100% of Network Fee Schedule. Children are covered up to 18 years of age. This is an in-network benefit only .
Prosthetics	Covered up to \$500 per calendar year, in-network only. Must be pre-authorized through MagnaCare.
Diagnostic X-Rays, Lab & Pathology, MRI, CT Scans, Well-Care Mammography	When these services are not hospital based, they are covered 100% and subject to varying co-pays ranging from \$30 to \$100. See Summary Plan Description for details. This is an in-network benefit only .
Ambulance	Covered 100%, subject to a \$100 co-pay
Home Health Care	Covered 100% for eligible participants with cancer diagnosis only. Benefit must be pre-authorized by MagnaCare.

Complete details are available in the [Summary Plan Description](#) and all summaries of material modifications.