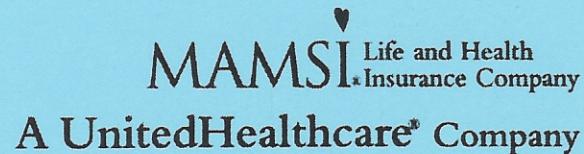


Virginia Commonwealth University Post Doctoral
Preferred Provider Organization (PPO) Plan



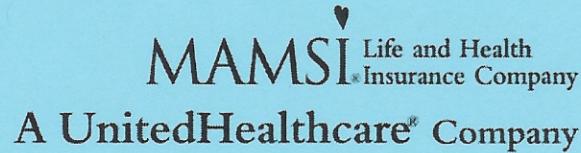
Benefits Summary
Preferred Provider Organization (PPO) Plan
VA07P00*ZOzO

The MAMSI Life and Health Insurance Company (MLH) PPO plan provides you with medical coverage through a network of preferred physicians and other health care practitioners. No referrals are needed. You may also access services from non-preferred physicians and other health care practitioners; however, your Out-Of-Pocket cost may be higher if you do so.

Some of the Important Benefits of the PPO Plan:

-
- You have access to a network of preferred providers, including hospitals and specialists. Look on our Web site, www.mamsiUnitedHealthcare.com, to see our network of preferred providers.
 - Benefits include coverage for the office visits and hospital care, including inpatient and outpatient surgery.
 - Preventive services are covered including:
 - Childhood immunizations
 - Well-woman services (e.g., pap smears, mammograms)
 - Prenatal care
 - Routine check-ups
 - Vision and hearing screening

Corporate Headquarters:
4 Taft Court
Rockville, MD 20850
www.mamsiUnitedHealthcare.com



Health Benefits Summary

Important Information

- This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. This Plan may not cover all of your health care expenses. **More complete description of your benefits and the terms under which your benefits are provided are contained in the Group Certificate that you will receive upon enrolling in the Plan.**
- If this Benefit Summary conflicts in any way with your Group Certificate, the Group Certificate shall prevail.
- Terms that are capitalized in the Benefit Summary are defined in the Group Certificate.
- All exclusions and limitations applicable to this Plan are described in your Group Certificate and any riders and endorsements.
- Annual Deductible:** Preferred Option No Deductible; Non-Preferred Option \$300 Single \$600 Family.
- Out-of-Pocket Maximum:** \$1,300 per Covered Member but not more than \$2,600 per Family per Contract Year. Copayments for some Covered Services may not apply to the Out-of-Pocket Maximum as specified in the Group Certificate.

Types of Benefits	Preferred Option (Plan Pays)	Non-Preferred Option (Plan Pays)
1. Acupuncture	100% after \$10.00 Copayment up to 12 visits per Member per Contract Year and covered only for postoperative and chemotherapy nausea and vomiting, nausea of pregnancy, postoperative dental pain and as a part of a comprehensive treatment program for chronic pain.	80% up to 12 visits per Member per Contract Year and covered only for postoperative and chemotherapy nausea and vomiting, nausea of pregnancy, postoperative dental pain and as a part of a comprehensive treatment program for chronic pain. Services count toward limit stated under Preferred Provider Option
2. Bilateral Vasectomy Services	100% after \$10.00 Copayment	80%
3. Chiropractic Services	50% up to \$500.00 per Member per Contract Year.	50% up to \$500.00 per Member per Contract Year; Services count toward limit stated under Preferred Provider Option.
4. Diagnostic Lab Tests	100% after \$10.00 Copayment	80%
5. Emergency Room Visits	100% after \$50.00 Copayment. Copayment is waived if the Member is admitted to the Hospital. All Emergency Admissions must be reported to the Plan within 48 hours. NOTE: Emergency services must meet the Plan definition of an Emergency for coverage to be payable.	80% Same criteria as Preferred Provider Option.
6. Eye Refraction Exam	100% after \$10.00 Copayment.	80%
7. Hospital-Inpatient Stay	Covered in Full. Requires Preadmission Authorization for Non-Emergency	80% Requires Preadmission Authorization for Non-Emergency

Plan offered by: MAMSI Life and Health Insurance Company.

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Rider Package: VA07P00*-zO

Group Certification Form Number: 0726156-0498VA

	Admissions	Admissions.
8. Infertility Services	50% for Covered Services	50%
9. Mammography Examinations	100% after Applicable Copayment at the following intervals; One (1) baseline mammogram for women age 35-39; One (1) mammogram every other year for women age 40-49; One (1) mammogram every year for women 50 year of age and older	80% Same criteria as Preferred Provider Option. Not Subject to Annual Deductible.
10. Maternity Care	100% after \$10.00 Copayment	80%
11. Orthopedic Devices	50% for Orthopedic Devices, Braces, & Prosthetic Devices. Requires Precertification.	50% Same criteria as Preferred Provider Option. Requires Precertification.
12. Outpatient Hospital Services	Covered in Full	80%
13. Outpatient Hospital Surgeries	100% after \$10.00 Copayment	80%
14. Physician Services	100% after \$10.00 Copayment.	80%
15. Skilled Nursing Facility	Covered in Full up to 60 days per Member per Contract Year provided such services are not Custodial Care. Requires Preadmission Authorization.	80% Same criteria as Preferred Provider Option. Services count toward limit stated under Preferred Provider Option. Requires Preadmission Authorization.
16. Speech, Occupational and Physical Therapy	100% after \$10.00 Copayment up to 60 days or 60 visits per Condition of combined therapy types. Early Intervention Services limited to \$5,000 per Member per Contract Year.	80% Same Criteria as Preferred Provider Option. Services count toward limit stated under Preferred Provider Option
17. Mental Health Care/Substance Abuse-Inpatient	Covered in Full up to 30 combined days per Member per Contract Year. Requires Preadmission Authorization for Non-Emergency Admissions.	80% Services count toward limit stated under Preferred Provider Options. Requires Preadmission Authorization for Non-Emergency Admissions.
18. Mental Health Care/Substance Abuse-Outpatient	100% after \$10.00 Copayment per visit for visits 1-5; 50% for visits 6-20.	80% for visits 1-5; 50% for visits 6-20. Services count toward limit stated under Preferred Provider Option.
19. Tubal Ligation Services	100% after \$10.00 Copayment.	80%
20. Urgent Care Services	100% after \$10.00 Copayment.	80%
21. Well Child Care	100% after \$10.00 Copayment.	80%
22. X-rays	100% after \$10.00 Copayment.	80%

Additional Benefits:	Preferred Option (Plan Pays)	Non-Preferred Option (Plan Pays)
Biologically Based Mental Illness/Substance Abuse Inpatient	Same Copayment as Inpatient Hospital Services. Requires Preadmission Authorization.	Same Copayment as Inpatient Hospital Services. Requires Preadmission Authorization.
Biologically Based Mental Illness/Substance Abuse Outpatient	Same Copayment as Outpatient Hospital Services. Applicable Physician Services Copayment for office visits.	Same Copayment as Outpatient Hospital Services.
Child Health Supervision Services	Covered in Full.	Covered in Full though age 6; Not Subject to Annual Deductible.
Durable Medical Equipment	50% Requires Precertification.	50% Requires Precertification.
Home Health Care	Covered in Full. Requires Precertification	80% Requires Precertification.

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Lifetime Maximum	\$1,000,000	\$1,000,000
Medication Management office visits associated with Mental Health or Substance Abuse	100% after \$10.00 Copayment.	80%
Norplant Services	100% after \$10.00 Copayment.	80%
Partial Hospitalization	100% after \$10.00 Copayment. Up to 10 days of inpatient benefit may be converted to partial hospitalization applying a formula of 1.5 days of partial hospitalization coverage for each inpatient day of coverage. Requires Preadmission Authorization.	80% Services count toward the limit stated under Preferred Provider Option. Same criteria as Preferred Provider Option.
Routine Physical Exam	100% after \$10.00 Copayment.	80%
Transplants	Heart, heart/lung, lung, liver, pancreas, kidney, cornea and all non-experimental bone marrow transplants when deemed Medically Necessary. Requires Preadmission Authorization and Precertification. Member must meet certain criteria. Subject to Applicable Copayment.	Heart, heart/lung, lung, liver, pancreas, kidney, cornea and all non-experimental bone marrow transplants when deemed Medically Necessary. Requires Preadmission Authorization and Precertification. Member must meet certain criteria. Subject to Applicable Copayment.

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Rider Package: VA07P00*--zO

Group Certification Form Number: 0726156-0498VA


MAMSI Life and Health
 Insurance Company
A UnitedHealthcare® Company

Pharmacy Benefits Summary
Preferred Provider Organization

Types of Coverage

Prescription Drugs	Preferred Option	Non Preferred Option
1. Tier 1	\$10.00 Copayment	80%
2. Tier 2	\$20.00 Copayment	80%
3. Tier 3	\$35.00 Copayment	80%
4. Injectables	With the exception of insulin and injectable contraceptive drugs, there is a 20% Copayment of pharmacy contract rate up to \$50.00 for injectables.	With the exception of insulin and injectable contraceptive drugs, there is a 20% Copayment of pharmacy contract rate up to \$50.00 for injectables
5. Mail Order	One (1) Copayment per 31 day consecutive supply for retail drugs and two (2) Copayments per 90 day supply for mail order drugs. Oral contraceptives at three (3) Copayments for three-cycle supply for retail purchase and two (2) Copayments for three-cycle supply for mail order purchases.	One (1) Copayment per 31 day consecutive supply for retail drugs and two (2) Copayments per 90 day supply for mail order drugs. Oral contraceptives at three (3) Copayments for three-cycle supply for retail purchase and two (2) Copayments for three-cycle supply for mail order purchases.
6. Ancillary	Member must pay the difference between the cost of a Tier 3 or Tier 2 medication and a Tier 1 equivalent after payment of the appropriate Copayment. However, the Member will never pay more than the cost of the drug.	Member must pay the difference between the cost of a Tier 3 or Tier 2 medication and a Tier 1 equivalent after payment of the appropriate Copayment. However, the Member will never pay more than the cost of the drug.
7. Deductible	No Annual Deductible	No Annual Deductible

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www.mamsiuNitedHealthcare.com

Pharmacy Rider Package: ZO
 Prescription Drug Form Number: 0443135-0205VA