

PICKERING ASSOCIATES, (P67471-00001)

Medical/Rx Page 1 of 2[Next](#)**Medical/Rx Benefit Overview**

Class Description		
MBRS ELECTING 4 MOST PPO		
	PPO	Non-PPO
Primary Physician Office/Clinic Services	\$25 copay	\$1,500 calendar year deductible PLUS 40.0% of covered charges
Specialist Physician Office/Clinic Services	\$25 copay	\$1,500 calendar year deductible PLUS 40.0% of covered charges
Outpatient Hospital Services	\$1,500 calendar year deductible PLUS 20.0% of covered charges	\$1,500 calendar year deductible PLUS 40.0% of covered charges
Emergency Room Services	\$1,500 calendar year deductible PLUS 20.0% of covered charges	\$100 copay PLUS \$1,500 calendar year deductible PLUS 40.0% of covered charges
Inpatient Hospital Services	\$1,500 calendar year deductible PLUS 20.0% of covered charges	\$500 copay PLUS \$1,500 calendar year deductible PLUS 40.0% of covered charges
Outpatient Physician Hospital Services	\$1,500 calendar year deductible PLUS 20.0% of covered charges	\$1,500 calendar year deductible PLUS 40.0% of covered charges
Inpatient Physician Hospital Services	\$1,500 calendar year deductible PLUS 20.0% of covered charges	\$1,500 calendar year deductible PLUS 40.0% of covered charges

For information regarding pre-authorization of services, please refer to the ID card. The above benefits are for other than Mental Health, Behavioral, Alcohol or Drug Abuse Treatment Services. Please refer to the benefit booklet for details on benefits for those conditions.

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Plan Maximums

	PPO	Non-PPO
Individual Calendar Year Deductible	\$1,500	\$1,500
Family Calendar Year Deductible	\$3,000	\$3,000
Individual Out-of-	\$4,000	\$6,000

Pocket Expense Limit		
Family Out-of-Pocket Expense Limit	\$6,000	\$12,000

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Prescription Drugs Benefit Overview

Class Description
MBRS ELECTING 4 MOST PPO <ul style="list-style-type: none"> • Administered by: Caremark • Tier 1 Copay: \$10.00 • Tier 2 Copay: \$25.00 • Tier 3 Copay: \$40.00 • The above Copays apply if filled at a participating pharmacy. Please refer to your benefit booklet-certificate for benefits if a non-participating pharmacy is used.
<ul style="list-style-type: none"> • Administered by: Caremark Mail Service • Tier 1 Copay: \$25.00 • Tier 2 Copay: \$62.50 • Tier 3 Copay: \$100.00 • The above Copays apply if filled at a participating pharmacy. Please refer to your benefit booklet-certificate for benefits if a non-participating pharmacy is used.

Disclaimer:

The information and summaries shown here are intended for employer use only and are not for employee distribution. These summaries do not include all of the benefits, provisions, restrictions, and limitations that apply to the coverage and may not reflect current benefits. Please refer to the policy or benefit booklets for more complete benefit information.

Disclaimer:

Not all transactions needed to administer your company's employee benefits with The Principal are available through the Employee Benefits Service CenterSM. Only the services currently available over the Internet will be found here. The information displayed may not reflect the most current transactions.

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