



## Adept Fasteners PPO 500 Physical Medicine Benefit Summary

PPO 500	Participating	Non-Participating
<b>Deductible, per calendar year</b>		
Individual	\$500 Per Plan Participant	\$4,000
Family	\$1,000 Per Plan Participant	\$8,000
Maximum Out-Of-Pocket Amount, Per Calendar Year		
Individual	\$3,000 Per Plan Participant	\$8,000
Family	\$6,000 Per Family Unit	\$16,000
<b>Acupuncture Services</b>		
Limited to 20 visits per Calendar Year	\$30 Copayment, after Deductible is met	40% Coinsurance, after Deductible is met
<b>Chiropractic Services</b>		
Limited to 30 visits per Calendar Year	\$30 Copayment, after Deductible is met	40% Coinsurance, after Deductible is met
<b>Occupational Therapy</b>		
Unlimited as Medically Necessary	10% Coinsurance, after Deductible is met	40% Coinsurance, after Deductible is met
<b>Physical Therapy</b>		
Unlimited as Medically Necessary	10% Coinsurance, after Deductible is met	40% Coinsurance, after Deductible is met
<b>Speech Therapy</b>		
Unlimited as Medically Necessary	10% Coinsurance, after Deductible is met	40% Coinsurance, after Deductible is met

### Exclusions and Limitations

**Educational or Vocational.** Charges for services or supplies in connection with education or training except as specifically covered elsewhere in this Plan.

**Excess Charges.** The part of an expense for care and treatment of an Injury or Illness that is in excess of the Maximum Allowable Charge or any Plan maximum or limit, e.g. number of visits.

**Experimental/Investigational or not Medically Necessary.** Care and treatment that is either Experimental/Investigational, is not Medically Necessary or is a clinical trial.

**Occupational.** Expenses for Injuries or Illnesses arising out of, or in the course of, any occupation or employment for wage or profit, or for which the Plan Participant is entitled to benefits under any Workers' compensation or Occupational Disease Law, whether or not any coverage for such benefits is actually in force.

**Plan Design Excludes.** Charges excluded by the Plan design as mentioned in this Plan.

**Recreational or Educational Therapy.** Charges for services or supplies for recreational or educational therapy or forms of non-medical self-help or self-cure, including any related diagnostic testing, training for active daily living skills; or health club memberships.

**Routine Care.** Charges for routine or periodic examinations, screening examinations, evaluation procedures, preventive medical care, or treatment or services not directly related to the Diagnosis or treatment of a specific Injury, Illness or Pregnancy-related condition, which is known or reasonably suspected, unless such care is specifically covered in the Medical Benefits Schedule (Article III) or required by applicable law.

**Services Before or After Coverage.** Care, treatment or supplies for which a charge was Incurred before a person was covered under this Plan or after coverage ceased under this Plan.