

Pace University
January 1, 2023 - December 31, 2023
Medical Detailed Benefit Summary

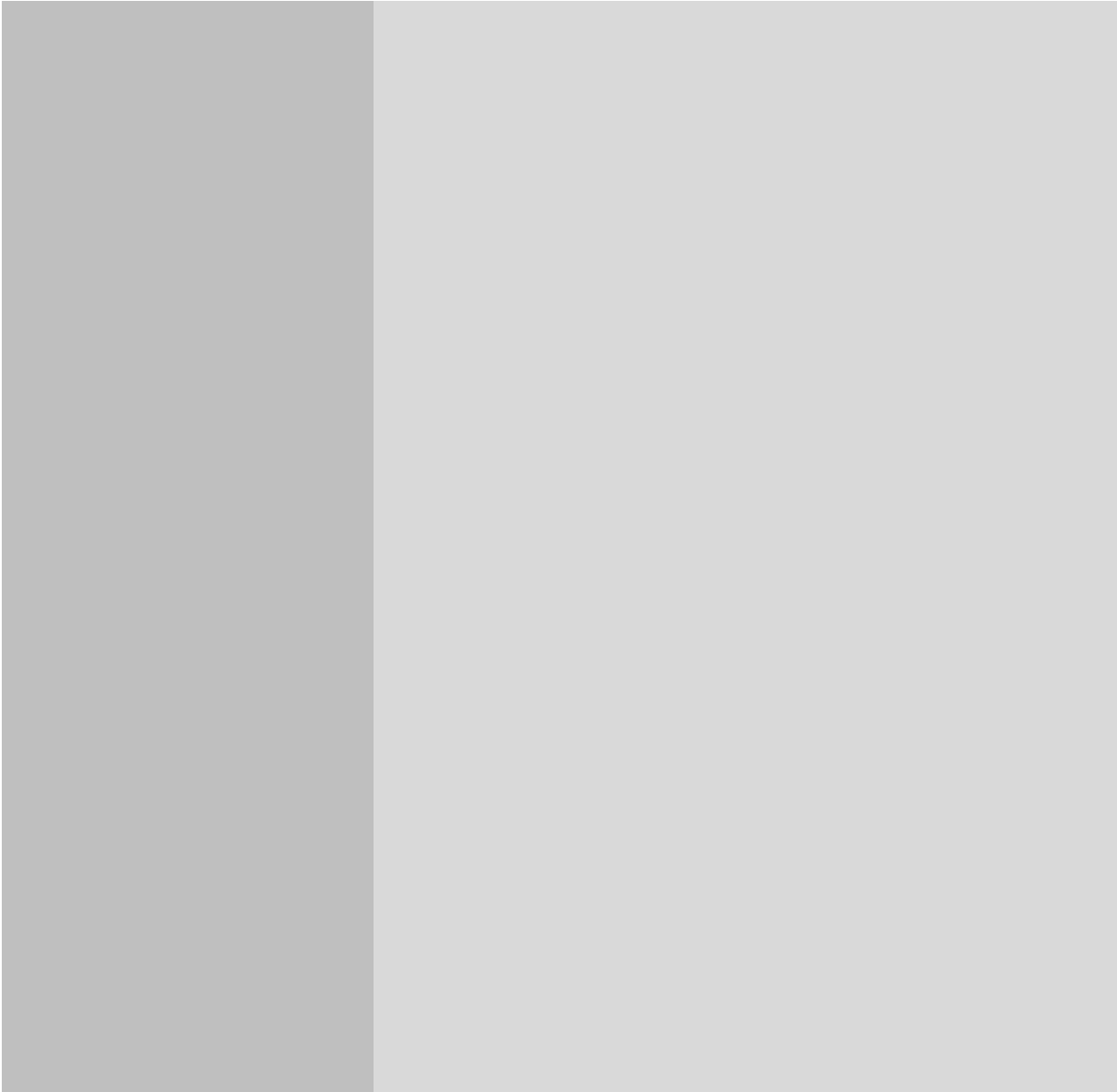
Plan Name
Network

Network Core Plan	

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Well Child Exams (through age 18) Vision Coverage	100% 1 routine exam covered every 24 months	100% 1 routine exam covered every 24 months	100% Deductible & 70% Coinsurance 1 routine exam covered every 24 months
Gym Reimbursement	Reimbursement program up to \$200/ee and \$100/sp/dep every 6 months for 50 visits		
Lab and X-ray	Participating lab 100% Office Visit \$30/\$50 copay (If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing) Outpatient 100% deductible waived	Participating lab 100% Office Visit \$30/\$50 copay (If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing) Outpatient 100% deductible waived	Deductible & 70% Coinsurance
Advanced Radiology	Office Visit \$30/\$50 copay (If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing) Outpatient 100%	100% (If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing)	Deductible & 70% Coinsurance
Chiropractic	\$50 Unlimited visits per calendar yr	\$50 Unlimited visits per calendar yr	Deductible & 70% Coinsurance Unlimited visits per calendar yr
Ambulance Service	100% (Emergency Use only)	Deductible & 85% Coinsurance (Emergency Use only)	Deductible & 85% Coinsurance (Emergency Use only)
Emergency Room	\$85 per visit; Waived if admitted	\$85 per visit; Waived if	

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TMJ Surgical and Non Surgical - Always excludes appliances & orthodontic treatment. Subject to medical necessity.

Infertility

Abortion

Dependent Age

Durable Medical Equip

Out of Network Reasonable & Customary

Re-certification required

Penalty for Failure to Re-certify

Acupuncture

Hearing Aid Guidance

Office Visit \$30/\$50 copay Inpatient and Outpatient facility 100%	Office Visit \$30/\$50 copay Inpatient and Outpatient facility Deductible & Coinsurance	Office Visit Deductible & 70% Coinsurance Inpatient and Outpatient facility Deductible & Coinsurance
Office Visit \$30/\$50 copay Inpatient & Outpatient Facility 100% Comprehensive (includes artificial insemination) Unlimited maximum Advanced Infertility (IV, ZIFT, GFI) Unlimited maximum	Office Visit \$30/\$50 Inpatient & Outpatient Facility Deductible & Coinsurance Comprehensive (includes artificial insemination) Unlimited maximum Advanced Infertility (IV, ZIFT, GFI) Unlimited maximum	Deductible & Coinsurance; Comprehensive (includes artificial insemination) Unlimited maximum Advanced Infertility (IV, ZIFT, GFI) Unlimited maximum
Office Visit \$30/\$50 copay Inpatient & Outpatient Facility 100%	Office Visit \$30/\$50 copay Inpatient & Outpatient Facility Deductible & Coinsurance	Office Visit Deductible & 70% Coinsurance Inpatient & Outpatient Facility Deductible & Coinsurance
26 End of calendar yr 100% Unlimited maximum	26 End of calendar yr Deductible & Coinsurance; Unlimited maximum	26 End of calendar yr Deductible & Coinsurance; Unlimited maximum
N/A	N/A	300% of Medicare
Yes, coordinated by provider/ RCP	Yes, coordinated by provider/ RCP	Yes, HE responsible
N/A	N/A	Lesser of 50% or \$500
\$30 copay	\$30 copay; deductible waived	30% after deductible