FORTRESS PREMIUM PPO

*** PLEASE REFER TO YOUR SBC FOR MORE DETAILED PLAN INFORMATION**

Services	In-Network	Out-of-Network
Calendar Year Deductible	**$500 Single / $1,500 Family**	**$1,000 Single / $3,000 Family**
Out-of-Pocket Max	$1,000 Single / $3000 Family*	$2,000 Single / $6,000 Family*
Primary Care Physician	$10 Copay	30% after Deductible
Specialist Visit	$10 Copay	30% after Deductible
Preventive Care	No Charge	30% after Deductible
Lab, X-Ray & Diagnostic	No Charge	30% after Deductible
Imaging (MRI/CT/PET) (non-hospital based)	No Charge	30% after Deductible
Imaging (MRI/CT/PET) (hospital based)	10% after Deductible**	10% after Deductible**
Inpatient Hospital	$100 /day (3 days) after Ded.**	$100 /day (3 days) after Deductible**
Outpatient Surgery	$100 Copay + 10% after Ded.**	30% after Deductible**
Urgent Care	$20 Copay	30% after Deductible*
Emergency Room	$100 Copay after Deductible*	
Ambulance Services	$150 Copay	$150 Copay*
Chiropractic/Acupuncture ($400 Annual Benefit Maximum)	$20 Copay	30% after Deductible
Vision Exam, Lenses Frames, Contact Lens, fitting: $250 per year per covered member		
Generic Drugs (31 Days)	$10 Copay	N/A
Preferred Drugs (31 Days)	$20 Copay	N/A
Non-Preferred Drugs (31 Days)	$35 Copay	N/A
Specialty Drugs (31 Days)	$10/$20/$35 Copay	N/A
Mail Order	2x Retail (90 Days)	N/A

*Deductible Applies
** Pre-authorization is required and Deductible Applies

Note: Pharmacy Out of Pocket Maximum: $5,850 person / $10,700 Family

	Per Pay Period
EE only	$0
EE + 1	$0
FAM	$34.95

This is a brief summary of the benefits available from City of Modesto. In the event of a discrepancy between this summary and the plan document, the plan document will prevail. City of Modesto retains the right to modify or eliminate any benefits, at any time, and for any reason.