



PHYSICAL MEDICINE SUPPLEMENTAL COVERAGE OUTLINE

Group Name: EDCare Group

Group Number: EDCG

This category of coverage is designed to provide specified limited benefits for physical therapy, occupational therapy and speech language pathology services that supplement your major medical plan. Benefits are not provided for basic hospital, basic medical-surgical, or major- medical expenses. The physical medicine benefits are covered only if Medically Necessary.

Benefits of the plan:

COVERED SERVICES	PARTICIPATING	NON-PARTICIPATING
Maximum Annual Visit Limits	Unlimited as Medically Necessary	
Modern Care Copayment	The member has a 10% copay, after deductible. The plan pays 90% of the PhysMetrics rate.	Paid at 50% of PhysMetrics rates, after deductible
Bronze Copayment	The member has a 30% copay, after deductible. The plan pays 70% of the PhysMetrics rate.	Not Covered
Medical Necessity Requirements	MD referral required. Review needed after the 10 th visit.	

Exclusions and Limitations

The following are specifically excluded from this agreement or have specific limitations:

- Services not documented as necessary and appropriate or classified as experimental or investigational
- Treatment or services for pre or post-employment physicals or vocational rehabilitation
- Any treatment or service caused by or arising out of the course of employment or covered under any public liability insurance
- Non-medical self-care or self-help, or any other self-help physical exercise training, or any other related diagnostic testing
- Air conditioners, humidifiers, air purifiers, therapeutic mattress supplies, or any other similar devices and appliances
- Vitamins, minerals, nutritional supplements or other similar products
- Services identified by PhysMetrics as covered by entities or third parties other than the Plan must be coordinated appropriately and will be reimbursed based on Plan responsibility