



## Preventive/Routine Care

<b>Child Care Exam:</b> Birth to age 1: unlimited Age 1 to 4: unlimited Age 5 to 18: yearly visits	100% paid by plan	Plan pays 50% after deductible
(Care includes Office Visits, Physical Examination, Assessments, Immunizations, Vision Screening and Lab & Diagnostic Testing per the Patient Protection and Affordable Care Act guidelines. <b>Routine Services not covered at an Urgent Care facility.</b>		
<b>Adult Care Exam:</b> Yearly exam	100% paid by plan	Plan pays 50% after deductible
(Adult care physical exam includes Office Visits, Immunization, Assessments and Lab & Diagnostic Testing per the Patient Protection and Affordable Care Act guidelines. <b>Routine Services not covered at an Urgent Care facility.</b>		
<b>Gynecological Exam &amp; Pap Smear:</b> 1 every Plan Year	100% paid by plan	Plan pays 50% after deductible
<b>Mammography Exams - Baseline:</b> Age 35 to 39: 1 Lifetime	100% paid by plan	Plan pays 50% after deductible
<b>Mammography Exams - Routine:</b> Age 40 and older: 1 every Plan Year	100% paid by plan	Plan pays 50% after deductible
<b>Breast Ultrasound – Routine</b> 1 every Plan Year	100% paid by plan	Plan pays 50% after deductible
<b>Colonoscopy Screening – Routine</b> Over age 45: 1 every Plan Year	100% paid by plan	Plan pays 50% after deductible
<b>Prostate Cancer Screening</b> Over age 50: 1 every Plan Year	100% paid by plan	Plan pays 50% after deductible

*In-Network preventive services, as defined by the United States Preventive Task Force, are covered without member cost share (deductible, copayment or coinsurance). A current listing of required preventive care can be accessed at [www.Healthcare.gov/center/regulations/prevention.html](http://www.Healthcare.gov/center/regulations/prevention.html).*

*Exams may be conducted more frequently if deemed Medically Necessary by an attending physician. A statement describing the medical necessity will be required of the attending physician as evidence for the Claim Administrator.*

<b>SERVICE –All services with an* require precertification</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Acupuncture</b> 20 visits per Plan Year	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Allergy Testing &amp; Injections</b>	\$45 copay per visit	Plan pays 50% after deductible
<b>Anesthesia</b>	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Autism Spectrum Disorder/ ABA Therapy</b>	\$30 copay per visit	Plan pays 50% after deductible
<b>Cardiac Rehabilitation</b> 60 visits per Plan Year	\$30 copay per visit	Plan pays 50% after deductible
<b>Chiropractic Services</b> 20 visits per Plan Year	\$45 copay per visit	Plan pays 50% after deductible
<b>Diabetic Equipment and Supplies</b>	Diabetic Equipment and Supplies are available through the Pharmacy, your cost share responsibility will be the same cost share amount reflected under the Prescription Drug section (based on the tier the item is placed).  Depending upon where the Covered Health Care Service is provided, benefits for diabetes self-managment items will be the same as those stated under Durable Medical Equipment (DME), Orthotics and Supplies.	Plan pays 50% after deductible
<b>Dialysis Treatment</b>	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Durable Medical Equipment / Orthics and Supplies</b> Benefits are limited to a single purchase/rental of a type of DME or orthotic every three years. Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums, which are limited to a single purchase/rental (including repair/replacement) every three years. Excludes foot orthotics except for diabetic preventive foot care.	Plan pays 70% after deductible Member pays 30% after deductible	Plan pays 50% after deductible
<b>Early Intervention Services</b>	Plan pays 100% deductible waived	Plan pays 50% after deductible
<b>Hearing Aids</b> 1 aid per ear every 24 months. Repair and/or replacement would apply to this limit in the same manner as a purchase.	Plan pays 70% after deductible Member pays 30% after deductible	Plan pays 50% after deductible

<b>SERVICE –All services with an* require precertification</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Home Health Care*</b> 100 visits per year	Plan pays 100% after deductible	Plan pays 75% after deductible
<b>Hospice Care</b>	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Infertility Testing &amp; Treatment</b> Ovulation induction is limited to a maximum benefit of 4 cycles. Intrauterine insemination is limited to a maximum benefit of 3 cycles. IVF, GIFT, ZIFT or low tubal ovum transfer are limited to a maximum of 2 cycles, with not more than 2 embryo implantations per cycle.	Coverage varies based on place of service	Plan pays 50% after deductible
<b>Infusion / Injection Therapy*</b>	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Laboratory</b> Limited to 18 Presumptive Drug tests per Plan Year. Limited to 18 Definitive Drug Tests per Plan Year.	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Maternity</b>	Coverage varies based on place of service except that an annual deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.	Plan pays 50% after deductible
<b>MRI, CAT &amp; PET Scans*</b>	\$75 copay per visit up to a combined annual maximum of \$375 for MRI and CT scans; \$400 for PET scans.	Plan pays 50% after deductible
<b>Office Surgery</b>	\$45 copay per visit	Plan pays 50% after deductible
<b>Ostomy Supplies</b>	Plan pays 70% after deductible Member pays 30% after deductible	Plan pays 50% after deductible
<b>Outpatient Surgical*</b>	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Physician Visit (Inpatient stay)</b>	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Primary Care Office Visit</b>	\$30 copay per visit	Plan pays 50% after deductible
<b>Prosthetic Appliance/Devices</b>	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Radiation/Chemotherapy*</b>	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Sleep Apnea/Sleep Disorders</b>	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Specialist Consultations</b>	\$45 copay per visit	Plan pays 50% after deductible
<b>Surgeon's Fees</b>	Plan pays 100% after deductible	Plan pays 50% after deductible

<b>SERVICE –All services with an* require precertification</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Telemedicine</b> <i>Remote medical visits with a regular medical provider</i>	Follows either Primary Care Physician or Specialist copay	Plan pays 50% after deductible
<b>Rehabilitative/Habilitative Therapies</b> <ul style="list-style-type: none"> <li>• Occupational Therapy 60 visits per Plan Year</li> <li>• Physical Therapy 60 visits per Plan Year</li> <li>• Speech Therapy 60 visits per Plan Year</li> <li>• Cognitive Rehabilitation Therapy 60 visits per Plan Year</li> <li>• Pulmonary Rehabilitation Therapy 60 visits per Plan Year</li> <li>• Post-Cochlear Implant Aural Therapy 30 visits per Plan Year</li> </ul> <p>Note: The first three network visits for any combination of physical therapy and chiropractic services for a new dx of low back pain are not subject to any copay, coinsurance or deductible and subject to the annual visit limit.</p>	\$30 copay per visit	Plan pays 50% after deductible
<b>Wig (After chemotherapy only)</b>	Plan pays 70% after deductible Member pays 30% after deductible	Plan pays 50% after deductible
<b>X-ray</b>	Plan pays 100% after deductible  A member will pay no more than a \$20 copay for a diagnostic Mammography Ultrasound.	Plan pays 50% after deductible
<b>Organ Transplant *</b> Services covered by Organ Transplant Centers of Excellence Facilities. Contact Claim Administrator for details	Plan pays 100% after deductible	Plan pays 50% after deductible



<b>HOSPITAL/FACILITY CARE</b>		
<b>Ambulance Service</b>	Plan pays 100% after deductible	Same as in-network
<b>Emergency Room</b>	\$150 copay per visit <i>Copay waived if admitted</i>	Same as in-network
<b>Accidental Dental</b> Limited to \$3,000 per Plan Year. Benefits are further limited to \$900 per tooth.	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Room &amp; Board- Semi-Private, ICU &amp; Other Special Units*</b>	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Skilled Nursing Facility/ Extended Care*</b> (90 visits per Plan Year)	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Urgent Care</b>	\$75 copay per visit	Plan pays 50% after deductible

<b>MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES</b>		
<b>Inpatient Rehabilitation*</b>	Plan pays 100% after deductible	Plan pays 50% after deductible
<b>Outpatient Treatment</b> Office Visit	\$30 copay per visit	Plan pays 50% after deductible
<b>Outpatient Treatment</b> Intensive Hospital outpatient services and partial hospitalization	Plan pays 100% after deductible	Plan pays 50% after deductible

*NOTE: In-Network and Out-of-Network provider day/visit or dollar limits are combined where applicable.*

<b>PRESCRIPTIONS</b>	<b>RETAIL (31-DAY SUPPLY)</b>	<b>MAIL ORDER (90-DAY SUPPLY)</b>
<b>Preventive</b>	\$0 copay	\$0 copay
<b>Generic</b>	\$5 copay	\$12.50 copay
<b>Preferred Brand</b>	\$25 copay	\$62.50 copay
<b>Non-Preferred Brand</b>	\$40 copay	\$100 copay
<b>International Program</b>	Copay waived	

*This summary is intended to be a brief outline of coverage and is not intended to be a legal contract.*