

2021 SUMMARY OF BENEFITS



ADVANTAGE HMO SAVER 2500

Deductible and Out-of-Pocket Maximums

Individual/Family

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| Deductible (combined medical and pharmacy deductible) | \$2500/\$5000 |
| Out-of-Pocket Maximum (includes medical and pharmacy deductibles, coinsurance, and copayments) | \$6900/\$13800 |

Medical Benefits

Preventive Services

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|---|-----------------|
| Routine Physical Exams, including: <ul style="list-style-type: none"> preventive immunizations preventive Pap smears and mammograms well-child care visits annual gynecological exams most preventive screenings routine prenatal and postnatal exams | Covered in full |
| Colonoscopies: Screenings (in the absence of symptoms or personal history) | Covered in full |

Outpatient Medical Care

(No PCP referral is necessary for OB/GYN visits, spinal manipulation, routine eye exams, or mammograms)

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| Primary Care Office Visits | Covered in full after deductible |
| Specialist Office Visits | Deductible then \$35 copay |
| Routine eye exams with an EyeMed Vision Care provider (1 visit every 24 months) | \$35 copay |
| Pediatric (Under age 19) Routine eye exams with an EyeMed Vision Care provider (1 visit every 12 months) | Covered in full |
| Telehealth (Teladoc) | Covered in full |
| Nutritional Counseling (when medically necessary) | Covered in full after deductible/ Deductible then \$35 copay per visit with rendering provider |
| Allergy Injections | Covered in full after deductible |
| Speech Therapy (when medically necessary) | Covered in full after deductible |
| Short-term Physical and Occupational Therapy (30 visits for each type of service per plan year) | Covered in full after deductible |
| Spinal Manipulation and Acupuncture | Covered in full after deductible |
| Colonoscopies: Diagnostic - Without Surgical Intervention | Covered in full after deductible |
| Colonoscopies: Diagnostic - With Surgical Intervention | See Day Surgery for cost share |
| Diagnostic Imaging – General Imaging (such as X-rays and ultrasounds) | Deductible then \$35 copay |
| Diagnostic Imaging - High-Tech Imaging (MRIs, CT/CAT Scans, PET Scans, and Nuclear Cardiology) | Covered in full after deductible |
| Lab Tests (such as blood work) | Deductible then \$35 copay |
| Day Surgery | Deductible then \$200 copay |

Inpatient Hospital Care (semiprivate room, unless private room is medically necessary)

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|--|----------------------------------|
| All Hospital Services - Acute Care and Maternity Care | Deductible then \$300 copay |
| Skilled Nursing in Skilled Nursing Facility (up to 100 days per plan year) | Covered in full after deductible |

Emergency & Urgent Care

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|--------------------|----------------------------------|
| In Emergency Room | Deductible then \$200 copay |
| Urgent Care Center | Covered in full after deductible |

Mental Health and Substance Abuse

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|---|----------------------------------|
| Outpatient Care | Covered in full after deductible |
| Inpatient Care (services provided at a designated facility) | Deductible then \$300 copay |

Other Health Services

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|-----------------------------|----------------------------------|
| Durable Medical Equipment | Deductible then 30% coinsurance |
| Emergency Ambulance Service | Deductible then \$50 copay |
| Hospice Care | Covered in full after deductible |
| Home Health Care | Covered in full after deductible |

Prescription Drug Benefits (Copayments Apply After Deductible)

| Prescription Drug Coverage | For up to a 30-day supply at a participating retail pharmacy (after deductible) | For up to a 90-day supply through our mail order service (after deductible) |
|-----------------------------------|--|--|
| Low Cost Generics Program | \$5 copay | \$10 copay |
| Tier 1 | \$30 copay | \$60 copay |
| Tier 2 | \$70 copay | \$210 copay |
| Tier 3 | \$100 copay | \$300 copay |
| Tier 4 | \$125 copay | N/A |

- This summary reflects benefits that are in compliance with the Affordable Care Act (ACA).
- This is a summary only. Please refer to the member benefit document for a detailed explanation of your coverage. If there is a difference between the information in this benefit summary and your member benefit document, the terms of your member benefit document will govern. If you have additional questions, please call Member Services at 1-800-462-0224.