2021 SUMMARY OF BENEFITS

ADVANTAGE PPO 4000 (80%)

Deductible and Out-of-Pocket Maximums

Individual/Family	In-network	Out-of-network
Deductible	$4000/$8000	$8000/$16000
Pharmacy Deductible (excludes generic Rx)	$250 Individual/$500 Family	
Out-of-Pocket Maximum (includes medical and pharmacy deductibles, coinsurance, and copayments)	$8550/$17100	$25650/$51300

Medical Benefits

Preventive Services	In-network	Out-of-network (after deductible)
Routine Physical Exams, including: • 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	40% coinsurance
Colonoscopies: Screenings (in the absence of symptoms or personal history)	Covered in full	40% coinsurance
Outpatient Medical Care	**In-network**	**Out-of-network (after deductible)**
Primary Care Office Visits	$50 copay	40% coinsurance
Specialist Office Visits	$50 copay	40% coinsurance
Routine eye exams with an EyeMed Vision Care provider (1 visit every 12 months)	$50 copay	40% coinsurance
Pediatric (Under age 19) Routine eye exams with an EyeMed Vision Care provider (1 visit every 12 months)	Covered in full	40% coinsurance
Telehealth (Teladoc)	Covered in full	40% coinsurance
Nutritional Counseling (when medically necessary)	$50 copay	40% coinsurance
Allergy Injections	$5 copay	40% coinsurance
Speech Therapy (when medically necessary)	$50 copay	40% coinsurance
Short-term Physical and Occupational Therapy (30 visits for each type of service per plan year)	$50 copay	40% coinsurance
Spinal Manipulation and Acupuncture	$50 copay	40% coinsurance
Colonoscopies: Diagnostic - Without Surgical Intervention	Covered in full after deductible	40% coinsurance
Colonoscopies: Diagnostic - With Surgical Intervention	See Day Surgery for cost share	40% coinsurance
Diagnostic Imaging – General Imaging (such as X-rays and ultrasounds)	Deductible then 20% coinsurance	40% coinsurance
Diagnostic Imaging - High-Tech Imaging (MRIs, CT/CAT Scans, PET Scans, and Nuclear Cardiology)	Deductible then 20% coinsurance	40% coinsurance

Lab Tests (such as blood work)	Deductible then 20% coinsurance	40% coinsurance
Day Surgery	Deductible the 20% coinsurance	40% coinsurance

Inpatient Hospital Care (semiprivate room, unless private room is medically necessary)	**In-network**	**Out-of-network** (after deductible)
All Hospital Services — Acute Care and Maternity Care	Deductible then 20% coinsurance	40% coinsurance
Skilled Nursing in Skilled Nursing Facility (up to 100 days per plan year)	Deductible then 20% coinsurance	40% coinsurance

Emergency & Urgent Care	**In-network**	**Out-of-network**
In Emergency Room (copayment waived if admitted)	Deductible then 20% coinsurance	Same as in-network level of benefits
Urgent Care	$50 copay	Same as in-network level of benefits
Mental Health and Substance Abuse	**In-network**	**Out-of-network** (after deductible)
Outpatient Care	$50 copay	40% coinsurance
Inpatient Care (services provided at a designated facility)	Deductible then 20% coinsurance	40% coinsurance
Other Health Services	**In-network**	**Out-of-network** (after deductible)
Durable Medical Equipment	Deductible then 30% coinsurance	30% coinsurance
Emergency Ambulance Service	Deductible then $50 copay	Same as in-network level of benefits
Hospice Care	Deductible then 20% coinsurance	40% coinsurance
Home Health Care	Deductible then 20% coinsurance	40% coinsurance

Prescription Drug Benefits

Prescription Drug Coverage	**For up to a 30-day supply at a participating retail pharmacy**	**For up to a 90-day supply through our mail order service**
Low Cost Generics Program	$5 copay	$10 copay
Tier 1	$45 copay	$90 copay
Tier 2	Rx deductible then $85 copay	Rx deductible then $255 copay
Tier 3	Rx deductible then $105 copay	Rx deductible then $315 copay
Tier 4	Rx deductible then 25% coinsurance (Max $250 per fill)	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.