

2021 SUMMARY OF BENEFITS



ADVANTAGE PPO 5000

Deductible and Out-of-Pocket Maximums

Individual/Family	In-network	Out-of-network
Deductible	\$5000/\$10000	\$10000/\$20000
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: <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	20% coinsurance
Colonoscopies: Screenings (in the absence of symptoms or personal history)	Covered in full	20% coinsurance

Outpatient Medical Care	In-network	Out-of-network (after deductible)
Primary Care Office Visits	\$50 copay	20% coinsurance
Specialist Office Visits	\$50 copay	20% coinsurance
Routine eye exams with an EyeMed Vision Care provider (1 visit every 12 months)	\$50 copay	20% coinsurance
Pediatric (Under age 19) Routine eye exams with an EyeMed Vision Care provider (1 visit every 12 months)	Covered in full	20% coinsurance
Telehealth (Teladoc)	Covered in full	20% coinsurance
Nutritional Counseling (when medically necessary)	\$50 copay	20% coinsurance
Allergy Injections	\$5 copay	20% coinsurance
Speech Therapy (when medically necessary)	\$50 copay	20% coinsurance
Short-term Physical and Occupational Therapy (30 visits for each type of service per plan year)	\$50 copay	20% coinsurance
Spinal Manipulation and Acupuncture	\$50 copay	20% coinsurance
Colonoscopies: Diagnostic - Without Surgical Intervention	Covered in full after deductible	20% coinsurance
Colonoscopies: Diagnostic - With Surgical Intervention	See Day Surgery for cost share	20% coinsurance
Diagnostic Imaging – General Imaging (such as X-rays and ultrasounds)	Deductible then \$80 copay	20% coinsurance
Diagnostic Imaging - High-Tech Imaging (MRIs, CT/CAT Scans, PET Scans, and Nuclear Cardiology)	Deductible then \$175 copay	20% coinsurance
Lab Tests (such as blood work)	\$45 copay	20% coinsurance

Day Surgery	Deductible then \$250 copay	20% coinsurance
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Inpatient Hospital Care (semiprivate room, unless private room is medically necessary)	In-network	Out-of-network (after deductible)
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All Hospital Services — Acute Care and Maternity Care	Deductible then \$350 copay	20% coinsurance
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Skilled Nursing in Skilled Nursing Facility (up to 100 days per plan year)	Covered in full after deductible	20% coinsurance
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Emergency & Urgent Care	In-network	Out-of-network
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In Emergency Room (copayment waived if admitted)	Deductible then \$100 copay	Same as in-network level of benefits
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Urgent Care	\$50 copay	Same as in-network level of benefits
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Mental Health and Substance Abuse	In-network	Out-of-network (after deductible)
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Outpatient Care	\$50 copay	20% coinsurance
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Inpatient Care (services provided at a designated facility)	Deductible then \$350 copay	20% coinsurance
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Other Health Services	In-network	Out-of-network (after deductible)
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Durable Medical Equipment	Deductible then 30% coinsurance	30% coinsurance
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Emergency Ambulance Service	Deductible then \$50 copay	Same as in-network level of benefits
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Hospice Care	Covered in full after deductible	20% coinsurance
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Home Health Care	Covered in full after deductible	20% coinsurance
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Prescription Drug Benefits

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)
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Low Cost Generics Program	\$5 copay	\$10 copay
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Tier 1	\$50 copay	\$100 copay
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Tier 2	Rx deductible then \$105 copay	Rx deductible then \$315 copay
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Tier 3	Rx deductible then \$130 copay	Rx deductible then \$390 copay
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Tier 4	Rx deductible then 25% coinsurance (Max \$250 per fill)	N/A
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- 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.