

2021 SUMMARY OF BENEFITS

ADVANTAGE PPO 1500 (90%)



Deductible and Out-of-Pocket Maximums

Individual/Family	In-network	Out-of-network
Deductible	\$1500/\$3000	\$3000/\$6000
Out-of-Pocket Maximum (includes medical and pharmacy deductibles, coinsurance, and copayments)	\$8550/\$17100	\$17100/\$34200
Pharmacy Deductible (excludes generic Rx)	\$250 Individual/\$500 Family	

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	30% coinsurance
Colonoscopies: Screenings (in the absence of symptoms or personal history)	Covered in full	30% coinsurance

Outpatient Medical Care	In-network	Out-of-network (after deductible)
Primary Care Office Visits	\$35 copay	30% coinsurance
Specialist Office Visits	\$35 copay	30% coinsurance
Routine eye exams with an EyeMed Vision Care provider (1 visit every 24 months)	\$35 copay	30% coinsurance
Pediatric (Under age 19) Routine eye exams with an EyeMed Vision Care provider (1 visit every 12 months)	Covered in full	30% coinsurance
Telehealth (Teladoc)	Covered in full	30% coinsurance
Nutritional Counseling (when medically necessary)	\$35 copay	30% coinsurance
Allergy Injections	\$5 copay	30% coinsurance
Speech Therapy (when medically necessary)	\$35 copay	30% coinsurance
Short-term Physical and Occupational Therapy (30 visits for each type of service per plan year)	\$35 copay	30% coinsurance
Spinal Manipulation and acupuncture	\$35 copay	30% coinsurance
Colonoscopies: Diagnostic - Without Surgical Intervention	Deductible then 10% coinsurance	30% coinsurance
Diagnostic Imaging – General Imaging (such as X-rays and ultrasounds)	Deductible then 10% coinsurance	30% coinsurance
Diagnostic Imaging - High-Tech Imaging (MRIs, CT/CAT Scans, PET Scans, and Nuclear Cardiology)	Deductible then 10% coinsurance	30% coinsurance
Lab Tests (such as blood work)	Deductible then 10% coinsurance	30% coinsurance
Day Surgery	Deductible then 10% coinsurance	30% 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 10% coinsurance	30% coinsurance
Skilled Nursing in Skilled Nursing Facility (up to 100 days per plan year)	Deductible then 10% coinsurance	30% coinsurance

Emergency & Urgent Care	In-network	Out-of-network
Emergency Room (copayment waived if admitted)	Deductible then 10% coinsurance	Same as in-network level of benefits
Urgent Care Center (members can receive urgent care services when they are outside the standard service area for the in-network cost share)	\$40 copay	30% coinsurance

Mental Health and Substance Abuse	In-network	Out-of-network (after deductible)
Outpatient Care	\$35 copay	30% coinsurance
Inpatient Care (services provided at a designated facility)	Deductible then 10% coinsurance	30% 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 10% coinsurance	Same as in-network level of benefits
Hospice Care	Deductible then 10% coinsurance	30% coinsurance
Home Health Care	Deductible then 10% coinsurance	30% 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	\$35 copay	\$70 copay
Tier 2	Rx deductible then \$85 copay	Rx deductible then \$170 copay
Tier 3	Rx deductible then \$100 copay	Rx deductible then \$300 copay
Tier 4	Rx deductible then 10% 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.