2021 SUMMARY OF BENEFITS

LIFESPAN PREMIER CHOICE PPO 1500

Deductible and Out-of-Pocket Maximums

	Individual/Family
In-Network Deductible (For both Tier 1 and Tier 2)	$1500/$3000
Out-Of-Network Deductible	$3000/$6000
Pharmacy Deductible (excludes generic Rx)	$250/$500
Out-of-Pocket Maximum (includes medical and pharmacy deductibles, coinsurance, and copayments)	$8000/$16000
Out-of-Network Out-of-Pocket Maximum	$24000/$48000

Medical Benefits

Preventive Services	
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
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)	Tier 1	Tier 2	Out of Network (after deductible)
Primary Care Office Visits	$30 copay	$30 copay	20% coinsurance
Specialist Office Visits	$45 copay	$45 copay	20% coinsurance
Routine eye exams with an EyeMed Vision Care provider (1 visit every 12 months)	$30 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)	$30/$45 copay per visit with rendering provider		20% coinsurance
Allergy Injections	$5 copay		20% coinsurance
Speech Therapy (when medically necessary)	$30 copay		20% coinsurance
Short-term Physical and Occupational Therapy (30 visits for each type of service per plan year)	$30 copay		20% coinsurance
Spinal Manipulation and Acupuncture	$30 copay		20% coinsurance
Colonoscopies: Diagnostic - Without Surgical Intervention (In an outpatient hospital setting)	Deductible then covered in full	Deductible then covered in full	20% coinsurance
Colonoscopies: Diagnostic - With Surgical Intervention (In an outpatient hospital setting)	See Day Surgery for cost share	See Day Surgery for cost share	20% coinsurance
Diagnostic Imaging – General Imaging (such as X-rays and ultrasounds)	$40 copay	Deductible then $150 copay	20% coinsurance

Diagnostic Imaging- High-Tech Imaging (MRIs, CT/CAT scans, PET scans, and nuclear cardiology)	Deductible then $50 copay	Deductible then $500 copay	20% coinsurance
Lab Tests (such as blood work)	$25 copay	Deductible then $35 copay	20% coinsurance
Day Surgery	Deductible then $75 copay	Deductible then $1000 copay	20% coinsurance
Inpatient Hospital Care (semiprivate room, unless private room is medically necessary)			
All Hospital Services - Acute Care and Maternity Care	Deductible then $150 copay	Deductible then $1000 copay	20% coinsurance
Skilled Nursing in Skilled Nursing Facility (up to 100 days per plan year)	Deductible then covered in full		20% coinsurance

Emergency & Urgent Care		
In Emergency Room (copayment waived if admitted)	Deductible then covered in full	
Urgent Care	$50 copay	
Mental Health and Substance Abuse		
Outpatient Care	$25 copay	20% coinsurance
Inpatient Care (services provided at a designated facility)	Deductible then $150 copay	20% coinsurance
Other Health Services		
Durable Medical Equipment	Deductible then 30% coinsurance	30% coinsurance
Emergency Ambulance Service	Deductible then $50 copay	
Hospice Care	Deductible then covered in full	20% coinsurance
Home Health Care	Deductible then covered in full	20% 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	$30 copay	$60 copay
Tier 2	Rx deductible then $70 copay	Rx deductible then $210 copay
Tier 3	Rx deductible then $90 copay	Rx deductible then $270 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.