

Medical Benefits for Eligible Active Working Members and their Eligible Dependents effective 1/1/2020

All in-network covered medical & prescription expensed will be paid at no cost to you once the below amounts are met.

	<u>Single</u>	<u>2 or More</u>
Medical:	\$1,000.00	\$2,000.00
Prescription:	\$6,900.00	\$13,800.00
Total:	\$7,900.00	\$15,800.00

NOTE: Out-of-network medical deductible is \$250.00 per person per year. OptumRX \$25.00 deductible per person per year.

	Participating Provider	Non- Participating Provider	Limitations & Exceptions
Adoption	Not Applicable	100% of the Fund's negotiated rate; deductible applies	\$10,000.00 Calendar year max ;
Acupuncture visit	\$30.00 co-payment	80% of the Fund's fee schedule; deductible applies	16 visits per Calendar Year; 1 visit per day;
All Scans	\$40.00 co-payment	80% of the Fund's fee schedule; deductible applies	
Allergy Injections	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Allergy Treatment	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Ambulance True Emergent	100% of the negotiated rate;	100% of the negotiated rate; deductible applies	
Ambulance Non Emergent	not covered	not covered	
Ambulatory Surgery	\$50.00 co-payment	Not Covered	Non Participating Free Standing Surgical Centers / Ambulatory Surgical facility charges are not a covered expense
Anesthesia	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Anesthesia Maternity	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Annual Physical	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Assistant Surgeon	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Birthing Center	100% of the negotiated rate;	Not Covered	
Breast Sonogram	100% of the negotiated rate;	80% of Fund's fee schedule; deductible applies	
Cardiac Rehabilitation	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	36 visits per Calendar Year;
Chemotherapy	100% of the negotiated rate;	100% of the Fund's Negotiated rate; deductible applies	
Chiro	\$15.00 co-payment	100% of the Fund's fee schedule; deductible applies	1 visit per day; 24 visits per Calendar Year;
Chiro X-rays	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	4 x-rays per Calendar Year;
Diabetic Supplies	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Diabetic Education with Dietician office visit	Specialist \$30.00 co-payment.General Practitioner \$15.00 co-payment	80% of the Fund's fee schedule; deductible applies	
Diagnostic Testing Office	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Diagnostic Independent lab / Professional charge	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Diagnostic Testing OP / Hospital Charge	Not Applicable	80% of the Fund's fee schedule; deductible applies	
Diagnostic Testing OP in Free Standing Facility	100% of negotiated rate;	80% of the Fund's fee schedule; deductible applies	

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Pulmonary Function Test	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Tilt Table Testing	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Electrophysiological Study	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Video EEG	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Mammogram	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Dialysis Office	100% of the negotiated rate;	100% of the Fund's Negotiated rate; deductible applies	
Dialysis OP Facility	100% of the negotiated rate;	100% of the Fund's Negotiated rate; deductible applies	
Dialysis OP Physician visit	Specialist \$30.00 co-payment.General Practitioner \$15.00 co-payment	80% of the Fund's Negotiated rate; deductible applies	
Dietician / Nutritionist office visit	Specialist \$30.00 co-payment.General Practitioner \$15.00 co-payment	80% of the Fund's fee schedule; deductible applies	6 visits per Calendar Year;
DME / Medical Equipment	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	Prior approval by the Fund is required;
ER Non Emergent Facility	Not Covered	80% of the Fund's fee schedule; deductible applies	
ER Emergent Facility	\$200.00 co-payment / waived if admitted	100% of the negotiated rate; deductible waived	
ER Non Emergent Physician	Specialist \$30.00 co-payment.General Practitioner \$15.00 co-payment	80% of the Fund's fee schedule; deductible applies	
ER Emergent Physician	Specialist \$30.00 co-payment.General Practitioner \$15.00 co-payment	100% of the negotiated rate; deductible applies	
Gastric Bypass, Lap Band, Sleeve Surgery	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies;	\$4000.00 Calendar year max combined physician charges; Prior approval required;
Gastric Assistant Surgery	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	\$4000.00 Calendar year max combined physician charges; Prior approval required;
Genetic Testing -independent lab	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	. Genetic Counseling not covered.
Genetic Testing-OP Hospital	Not Applicable	80% of the Fund's fee schedule; deductible applies	Genetic Counseling not covered.
Halfway House	Not Covered	Not Covered	
Hearing Aid Right	Not Applicable	100% of the Fund's fee schedule; deductible applies	\$2000.00 per Calendar year max ;
Hearing Aid Left	Not Applicable	100% of the Fund's fee schedule; deductible applies	\$2000.00 per Calendar year max ;
Home Health Care	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies;	200 visits per Calendar Year; Combined with Private Duty Nursing;
Hospice Care IP	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies	
Hospice Care home	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies	
Immunizations	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
IUD supplies	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	

	Participating Provider	Non- Participating Provider	Limitations & Exceptions
Infertility Anesthesia	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	\$5,000.00 Calendar year max ; combined all infertility medical services; (NOTE: not to exceed a combined \$10,000.00 yearly max Medical / RX)
Infertility Facility	100% of the negotiated rate;	Not Covered	\$5,000.00 Calendar year max; combined all infertility medical services; (NOTE: not to exceed a combined \$10,000.00 yearly max Medical / RX)
Infertility Pathology / Lab	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	\$5,000.00 Calendar year maximum; combined all infertility medical services; (NOTE: not to exceed a combined \$10,000.00 yearly max Medical / RX)
Infertility RX	OptumRX 20% co-payment, deductible applies	80% of the Fund's fee schedule; deductible applies	\$5,000.00 Calendar year maximum; combined all infertility RX services; prior approval required for certain medication. (NOTE: not to exceed a combined \$10,000.00 yearly max Medical / RX)
Infertility Physician	\$30.00 co-payment	80% of the Fund's fee schedule; deductible applies	\$5,000.00 Calendar year maximum; combined all infertility medical services; (NOTE: not to exceed a combined \$10,000.00 yearly max Medical / RX)
Inpatient hospital illness / Room & Board	\$100.00 per stay co-payment / \$250.00 max per calendar year.	100% of the Fund's negotiated rate	There may be a patient responsibility when using a non-participating facility that will not negotiate.
Lasik Surgery Left eye	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	\$1,600.00 global allowance; prior approval required;
Lasik Surgery Right eye	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	\$1,600.00 global allowance; prior approval required;
Lithotripsy Physician	\$30.00 co-payment	80% of the Fund's fee schedule; deductible applies	
Lithotripsy Facility	\$50.00 co-payment	Not Covered	
Maternity C Section	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies; \$4,000 max per delivery	
Maternity Midwife	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies; \$3,200 max per delivery	
Maternity Regular Delivery	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies; \$3,600 max per delivery	
Medical Equipment / Rentals and Purchases	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies	See DME
Medication Coverage Outside Of The RX Plan	Not Applicable	100% of the Fund's negotiated rate; deductible applies	J codes for Hep C, Cancer , MS, HIV/AIDS, Epilepsy, Crohn's Disease and Diabetes; Arthritis; prior approval through the Fund is required.
Mental Health / Substance Abuse Inpatient	Not Applicable	100% of the Fund's negotiated rate; deductible applies	Prior approval through the fund is required
Mental Health / Substance Abuse Outpatient (MD) (PhD) only	Not Applicable	100% of Fund's fee schedule; deductible applies	\$125.00 per visit;
Mental Health / Substance Abuse Outpatient Social Worker (LCSW) only	Not Applicable	100% of Fund's fee schedule; deductible applies	\$85.00 per visit;
Mental Health / Substance Abuse Outpatient Group Therapy (MD) (PhD) (LCSW) only	Not Applicable	100% of Fund's fee schedule; deductible applies	\$55.00 per visit;
Mental Health / Substance Abuse Outpatient Family Therapy (MD) (LCSW) only	Not Applicable	100% of Fund's fee schedule; deductible applies	\$55.00 per visit;

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MRI's and MRA's	\$40.00 co-payment	80% of the Fund's fee schedule; deductible applies	
Newborn Hearing IP Physician charges	Specialist \$30.00 co-payment. General Practitioner \$15.00 co-payment	100% of the Fund's Negotiated rate; deductible applies	
Nerve Block Injections	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	up to 4 per Calendar Year;
Neuropsychological Testing	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	12 units per test per Calendar Year; prior approval required
Occupational Therapy	\$10.00 co-payment	100% of the Fund's fee schedule; deductible applies	30 visits per Calendar Year; prior approval required
Physical Therapy	\$10.00 co-payment	100% of the Fund's fee schedule; deductible applies	30 visits per Calendar Year; prior approval required
Speech Therapy	\$10.00 co-payment	100% of the Fund's fee schedule; deductible applies	30 visits per Calendar Year; prior approval required
Visual Therapy	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies	30 visits per Calendar Year; prior approval required
Orthotics	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	\$1,000.00 Calendar Year maximum; prior approval required
Orthotripsy	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	\$4,000.00 Global Calendar year maximum; prior approval required
Office visit Specialist	\$30.00 co-payment	80% of the Fund's fee schedule; deductible applies	
Office visit General Practitioner	\$15.00 co-payment	80% of the Fund's fee schedule; deductible applies	
Office Surgery Physician charges	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Outpatient Surgical Facility / Ambulatory Surgery	\$50.00 co-payment	Not Covered	Non Participating Free Standing Surgical Centers / Ambulatory Surgical facility charges are not a covered expense
Partial Hospitalization Inpatient or Out patient	Not Covered	Not Covered	
Pathology Physician IP	\$30.00 co-payment	100% of the Fund's negotiated rate; deductible applies	
Pathology Outpatient	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
PEMG	Not Applicable	100% of the Fund's Negotiated rate; deductible waived	
Pharmacogenetic.	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Podiatry	\$30.00 co-payment	80% of the Fund's fee schedule; deductible applies	Prior approval through the fund is required for surgery. PT and strapping not covered.
Private Duty Nursing	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	\$10,000.00 per Calendar year; Prior approval required;
Pre-Surgical Testing	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	Must be performed within seven days of the surgical procedure.
Prescription RX (OptumRX)	20% co-payment, deductible applies	Not Covered	\$25.00 deductible per person per Calendar year. Prior approval required for certain medications. NOTE: There is a Calendar year maximum of \$5,000.00 combined for all infertility RX services, not to exceed a combined \$10,000.00 yearly max Medical / RX.
Prosthetics	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	Prior approval required;
Pulmonary Rehab	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	42 visits per Calendar year;

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Reconstructive Surgery	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	Prior approval is required.
Sclerotherapy	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	\$2,600 per Calendar year maximum both legs; Prior approval is required.
Skilled Nursing Facility	100% of the negotiated rate	100% of the Fund's negotiated rate	60 days per Calendar year;
Sleep Study	100% of the negotiated rate; up to a maximum of \$3,000.00	80% of the Fund's negotiated rate; deductible applies; up to a maximum of \$3,000.00	\$3,000 per Calendar year max;
Surgical Center	\$50.00 co-payment	Not Covered	Non Participating Free Standing Surgical Centers / Ambulatory Surgical facility charges are not a covered expense
Swift MD	Not Applicable	100% of the Fund's negotiated rate	
Synagis injections	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Ultrasound Pregnancy first three	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	
Ultrasound Pregnancy after the three limit	100% of the negotiated rate;	80% of the Fund's fee schedule; deductible applies	Prior approval required;
Urgent Care Clinics	\$30.00 co-payment	Not Covered	
Wig	100% of the negotiated rate	80% of the Fund's fee schedule; deductible applies	