PEIA

Schedule of Benefits
July 1, 2018 to June 30, 2019
Plans A, B (HMO) & C (PPO)

The Health Plan
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The HealthPlan
HEALTHPLAN.ORG

Benefit Description	Plan A	Plan B	Plan C (PPO)
Annual Deductible	$600/$1,200 Goes towards OOP Max	$1,000/$2,000 Goes towards OOP Max	IN: $1,200/$2,400 OUT: $2,400/$4,800 Goes towards OOP Max
Annual Out-of-Pocket Maximum *Includes Rx copays	Single: $6,850 Two person: $13,700 Family: $13,700 *Includes Rx copays	Single: $ 6,850 Two person: $13,700 Family: $13,700 *Includes Rx copays	IN Single: $6,850 Two person: $13,700 Family: $13,700 OUT Single: $10,000 Two person: $20,000 Family: $20,000 *Includes Rx copays
Physician Services			
Adult Routine Physical Examinations *(including prostate and gynecological, with PAP smear)*	Covered in full per healthcare reform	Covered in full per healthcare reform	IN: Covered in full per healthcare reform OUT: 40% co-insurance after deductible
Diagnostic X-ray, Lab and Testing	20% co-insurance after deductible	30% co-insurance after deductible	IN: 30% co-insurance after deductible OUT: 50% co-insurance after deductible
Mammograms	Routine covered in full per healthcare reform	Routine covered in full per healthcare reform	IN: Routine covered in full per healthcare reform OUT: 40% co-insurance after deductible

Physician Inpatient Visits	$100 copay + 15% co-insurance after deductible	$100 copay +30% co-insurance after deductible	IN: $100 copay +30% co-insurance after deductible OUT: 50% co-insurance after deductible
Physician Office Visits – Primary Care	$10 copay/visit deductible waived	$10 copay/visit deductible waived	IN: $10 copay/visit deductible waived OUT: 40% co-insurance after deductible
Physician Office Visits – Specialty Care	$40 copay/visit deductible waived	$40 copay/visit deductible waived	IN: $40 copay/visit deductible waived OUT: 40% co-insurance after deductible
Prenatal Care	$40 copay initial visit only deductible waived	$40 copay initial visit only deductible waived	IN: $40 copay initial visit only deductible waived OUT: 40% co-insurance after deductible
Second Surgical Opinions	$40 copay/visit deductible waived	$40 copay/visit deductible waived	IN: $40 copay/ visit deductible waived OUT: 40% co-insurance after deductible
Voluntary Sterilization	Men 30% co-insurance after deductible Women covered in full per healthcare reform	Men 30% co-insurance after deductible Women covered in full per healthcare reform	IN: Male 30% co-insurance after deductible OUT: Male 40% co-insurance after deductible IN: Female covered in full per healthcare reform OUT: 40% co-insurance after deductible

Well-Child Exams	Covered in full per healthcare reform	Covered in full per healthcare reform	IN: Covered in full per healthcare reform OUT: 40% co-insurance after deductible
Well-Child Immunizations (birth through 16)	Covered in full per healthcare reform	Covered in full per healthcare reform	In: Covered in full per healthcare reform OUT: 40% co-insurance after deductible
Inpatient Services			
Semi-private Room; Ancillary; Therapy Services, X-ray, Lab, Surgical Services, and General Nursing Care	$100 copay + 15% co-insurance after deductible	$100 copay + 30% co-insurance after deductible	IN: $100 copay + 30% co-insurance after deductible OUT: 50% co-insurance after deductible
Inpatient Occupational, Physical, or Speech Therapy	15% co-insurance after deductible	$100 + 30% co-insurance after deductible	IN: $100 + 30% co-insurance after deductible OUT: 50% co-insurance after deductible
Maternity Care (delivery)	$100 copay + 15% co-insurance after deductible	$100 copay + 30% co-insurance after deductible	IN: $100 copay + 30% co-insurance after deductible OUT: 50% co-insurance after deductible
Rehabilitation	$0 days 1-30 20% copay days 31+ after deductible	$0 days 1-30 30% copay days 31+ after deductible	IN: $0 days 1-30 30% co-insurance days 31+ after deductible OUT: 50% co-insurance after deductible

Skilled Nursing	$35 copay/day after deductible	$35 copay/day after deductible	IN: $35 copay/day after deductible OUT: 40% co-insurance after deductible
Hospital Outpatient Services			
Ambulatory/ Outpatient Surgery	$100 copay +15% co-insurance after deductible	$100 copay + 30% co-insurance after deductible	IN: $100 copay + 30% co-insurance after deductible OUT: 50% co-insurance after deductible
Pre-admission Testing, Diagnostic X-ray and Lab	20% co-insurance after deductible	30% co-insurance after deductible	IN: 30% co-insurance after deductible OUT: 50% co-insurance after deductible
Mental Health & Chemical Dependency Benefits			
Outpatient Chemical Dependency	$10 copay/visit deductible waived	$10 copay/visit deductible waived	IN: $10 copay/visit deductible waived OUT: 40% co-insurance after deductible
Outpatient Mental Health	$10 copay/visit deductible waived	$10 copay/visit deductible waived	IN: $10 copay/visit deductible waived OUT: 40% co-insurance after deductible
Inpatient Chemical Dependency *(including partial hospitalization)*	$100 copay + 15% co-insurance/ admission after deductible	$100 copay + 30% co-insurance/ admission after deductible	IN: $100 copay + 30% co-insurance after deductible OUT: 50% co-insurance after deductible

Inpatient Detoxification	$100 copay + 15% co-insurance/ admission after deductible	$100 copay + 30% co-insurance/ admission after deductible	IN: $100 copay + 30% co-insurance after deductible OUT: 50% co-insurance after deductible
Inpatient Mental Health *(including partial hospitalization)*	$100 copay + 15% co-insurance/ admission after deductible	$100 copay + 30% co-insurance/ admission after deductible	IN: $100 copay + 30% co-insurance after deductible OUT: 50% co-insurance after deductible
Outpatient Therapies			
Acupuncture	Not covered	Not covered	Not covered
Chiropractic	$40 copay/visit deductible waived	$40 copay/visit deductible waived	IN: $40 copay/visit deductible waived OUT: 40% co-insurance after deductible

Occupational Therapy	Visit 1-20: $40 copay/visit 21+ visits: 50% copay/visit after deductible	Visit 1-20: $40 copay/visit 21+ visits: 50% copay/visit after deductible	IN: Visits 1-20: $40 copay/visit 21+ visits: 50% copay/visit after deductible OUT 40% co-insurance/ visit after deductible
Physical Therapy	Visit 1-20: $40 copay/visit 21+ visits: 50% copay/visit After deductible	Visit 1-20: $40 copay/visit 21+ visits: 50% copay/visit After deductible	IN Visits 1-20: $40 copay/visit 21+ visits: 50% copay visit after deductible OUT 40% co-insurance/ visit after deductible
Speech Therapy	Visit 1-20: $40 copay/visit 21+ visits: 50% co-insurance/ visit after deductible	Visits 1-20: $40 copay/visit 21+ visits: 50% co-insurance/ visit after deductible	IN Visits 1-20: $40 copay/visit 21+ visits: 50% co-insurance after deductible OUT 40% co-insurance/ visit after deductible
All Other Medical Services			
Allergy Testing and Treatment	$40 copay/visit after deductible	$40 copay/visit after deductible	IN: $40 copay/visit after deductible OUT: 40% co-insurance/visit after deductible

Cardiac Rehabilitation	$10 copay/visit after deductible	$10 copay/visit after deductible	IN: $10 copay/visit after deductible OUT: 40% co-insurance/visit after deductible
Dental Services – Accident Related	$100 copay + 15% after deductible	$100 copay + 30% after deductible	IN: $100 copay +30% after deductible OUT: 50% co-insurance after deductible
Dental Services - Other	Not covered	Not covered	Not covered
Diabetic Supplies	$0 copay deductible waived	$0 copay deductible waived	IN: $0 copay deductible waived OUT: 40% co-insurance after deductible
Dialysis	20% co-insurance/ visit after deductible	20% co-insurance/ visit after deductible	IN: 20% co-insurance/visit after deductible OUT: 40% co-insurance/visit after deductible
Durable Medical Equipment (DME)	30% copay after deductible	30% copay after deductible	IN: 30% co-insurance after deductible OUT: 50% co-insurance after deductible
Emergency Ambulance *(medically necessary)*	$75 copay/ transport after deductible	$75 copay/ transport after deductible	IN: $75 copay/transport after deductible OUT: $75 copay/transport after deductible

Emergency Room Treatment *(non-emergency)*	Not covered	Not covered	Not covered
Emergency Services *(including supplies)*	$250 copay/visit waived if admitted Deductible waived	$250 copay/visit waived if admitted Deductible waived	IN & OUT $250 copay/visit waived if admitted Deductible waived
Growth Hormone	Rx benefit: 30% or $300 whichever is less per specialty drug	Rx benefit: 30% or $300 whichever is less per specialty drug Generic only	IN & OUT Rx benefit 30% or $300 whichever is less per specialty drug Generic only
Hearing Exam	$40 copay/visit deductible waived	$40 copay/visit deductible waived	IN: $40 copay/visit deductible waived OUT: 40% co-insurance/visit after deductible
Home Health Services	$0 copay after deductible	$0 copay after deductible	IN: $0 copay after deductible OUT: 40% co-insurance after deductible
Home Health Supplies	$0 copay after deductible	$0 copay after deductible	IN: $0 copay after deductible OUT: 40% co-insurance after deductible

Hospice	$0 copay after deductible	$0 copay after deductible	IN: $0 copay after deductible OUT: 40% co-insurance after deductible
Infertility Services	30% copay/visit/ injection Limitations apply after deductible	30% copay/visit/ injection Limitations apply after deductible	IN: 30%copay/ visit/injection Limitations apply after deductible OUT: 40% co-insurance/visit/ injection Limitations apply after deductible
Medical Supplies	30% co-insurance Certain limits may apply after deductible	30% co-insurance Certain limits may apply after deductible	IN: 30% co-insurance Certain limits apply after deductible OUT: 50% co-insurance Certain limits apply after deductible
Podiatry	$40 copay/visit deductible waived	$40 copay/visit deductible waived	IN: $40 copay/visit deductible waived OUT: 40% co-insurance/visit after deductible
Prosthetics	30% co-insurance after deductible	30% co-insurance after deductible	IN: 30% co-insurance after deductible OUT: 50% co-insurance after deductible
Pulmonary Rehabilitation	$10 copay/visit after deductible	$10 copay/visit after deductible	IN: $10 copay after deductible OUT: 40% co-insurance after deductible

Radiation and Chemotherapy	20% co-insurance after deductible	20% co-insurance after deductible	IN: 20% co-insurance after deductible OUT: 40% co-insurance after deductible
TMJ	Not covered	Not covered	Not covered
Transplants *(non-experimental)*	$100 copay + 15% co-insurance after deductible	$100 copay + 30% co-insurance after Deductible	IN: $100 copay + 30% co-insurance after deductible OUT: 50% co-insurance after deductible
Urgent Care	$50 copay/incident deductible waived	$50 copay/incident deductible waived	IN & OUT $50 copay/incident deductible waived
Vision Services	Not covered	Not covered	Not covered

Prescription Drug Benefits			
Deductible	None	None	None
Generic Copayment	$10 copay	$10 copay	$10 copay
Formulary Brand	50% copay if generic is NOT available	Not covered	Not covered
Non-Formulary Brand	Not covered	Not covered	Not covered
Maintenance Medication Discount Program Details	90-day supply mail order $20 or 50% copay	90-day supply generic ONLY $20 copay	90-day supply generic ONLY $20 copay
Annual Benefit Maximum *(per member/year)*	None Out-of-pocket maximum is combined with medical	None Out-of-pocket maximum is combined with medical	None Out-of-pocket maximum is combined with medical
Other Details	Specialty drugs – 30% or $300 whichever is less per specialty drug	Specialty drugs – 30% or $300 whichever is less per GENERIC specialty drug	Specialty drugs – 30% or $300 whichever is less per GENERIC specialty drug
Family Planning	Contraceptive injections, IUD, diaphragms and sterilizations (women) covered in full under medical benefit Oral contraceptives – covered in full under Rx benefit per healthcare reform	Contraceptive injections, IUD, diaphragms and sterilizations (women) covered in full under medical benefit Oral contraceptives – covered in full under Rx benefit per healthcare reform	Contraceptive injections, IUD, diaphragms and sterilizations (women) covered in full under medical benefit Oral contraceptives – covered in full under Rx benefit per healthcare reform
Hearing Aids	Not covered	Not covered	Not covered
Lifetime maximum	Unlimited	Unlimited	Unlimited

When services are limited to a maximum number of days, treatments, visits, etc., each visit, treatment, etc. must be medically necessary and appropriate to be covered.