

Benefits summary:

POS 80% Tiered Copay Plan



Coverage period: 08.01.2020 to 07.31.2021

PMP MANAGEMENT RESOURCES, INC.

Providing strong coverage for most commonly used benefits

This document is intended to be an easy-to-read summary to provide a general overview of your benefits. It is not a contract or legal document. Additional limitations and exclusions may apply to covered services. This plan has a specific network of providers, so check the Provider Directory prior to receiving services. Prior authorizations for certain services may apply. A complete description of benefits is contained in the Certificate of Coverage, Schedule or Agreement as applicable.

Member cost-sharing	Preferred benefits	Alternate benefits
Deductible <i>The amount you pay before we begin to pay.</i>	\$2,000 individual/\$4,000 family Deductible costs don't apply towards your coinsurance maximum	\$4,000 individual/\$8,000 family Deductible costs don't apply towards your coinsurance maximum
Coinsurance <i>Your share of the costs of a covered health care service.</i>	20% coinsurance for services after deductible is met, except where noted.	40% coinsurance for services after deductible is met, except where noted.
Coinsurance maximum <i>The most coinsurance cost share you'll pay for covered services in a contract year. Your coinsurance cost share counts toward your out-of-pocket limit.</i>	\$1,500 individual/\$3,000 family	\$3,000 individual/\$6,000 family
Out-of-pocket limit <i>The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.</i>	\$7,900 individual/\$15,800 family	\$15,800 individual/\$31,600 family
Office visits	Preferred benefits	Alternate benefits
Primary care provider (PCP)	\$30 copayment, deductible doesn't apply	40% coinsurance after deductible
Specialists	\$45 copayment, deductible doesn't apply	40% coinsurance after deductible
Urgent care	\$75 copayment, deductible doesn't apply	40% coinsurance after deductible
Virtual visits <i>24/7 care for non-emergency medical conditions</i>	Covered in full	Not covered
Allergy testing, serum and injections	Covered in full	40% coinsurance after deductible
Retail health clinic <i>Located in a retail center, like a supermarket or pharmacy and provides care for common illnesses and services (examples: ear aches, sore throats, flu shots)</i>	\$75 copayment, deductible doesn't apply	\$75 copayment after deductible
Mental and behavioral health	Preferred benefits	Alternate benefits
Inpatient hospital	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient office visits	\$30 copayment, deductible doesn't apply	40% coinsurance after deductible

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Prescription drug coverage - Deductible Doesn't Apply		
Visit priorityhealth.com and search <i>Optimized</i> or <i>Traditional</i> in the Approved Drug list to see coverage and pricing information.		
Formulary	Traditional	
Generic	\$15 copayment	
Brand	\$50 Preferred Brand copayment, \$80 Non-Preferred Brand copayment	
Mail Order	90 day supply via mail-order for Generic, Preferred Brand, and Non-Preferred Brand are 2x copayment	
Specialty	\$50 Preferred Specialty copayment, \$80 Non-Preferred Specialty copayment	
Preventive care	Preferred benefits	Alternate benefits
Preventive care, immunizations	Covered in full; includes women's preventative health care services, well-child visits, flu shots and routine physical exams. Get the most up-to-date list of all the care that's recommended in our Preventative Health Care Guidelines when you login to your online account at PriorityHealth.com	40% coinsurance after deductible
Laboratory and X-ray	Preferred benefits	Alternate benefits
Radiology	20% coinsurance after deductible	40% coinsurance after deductible
Advanced imaging (CT/ PET/MRI)	\$150 copayment after deductible	40% coinsurance after deductible
Laboratory	20% coinsurance after deductible	40% coinsurance after deductible
Emergency services	Preferred benefits	Alternate benefits
Emergency room	\$150 copayment after deductible	\$150 copayment after deductible
Emergency transportation/ ambulance services	\$150 copayment after deductible	\$150 copayment after deductible
Hospital care	Preferred benefits	Alternate benefits
Inpatient hospital physician services	20% coinsurance after deductible	40% coinsurance after deductible
Surgery and/or facility fee	20% coinsurance after deductible; exceptions apply	40% coinsurance after deductible; exceptions apply
Bariatric surgery	20% coinsurance after deductible; covered once per lifetime	40% coinsurance after deductible; covered once per lifetime
Outpatient care	Preferred benefits	Alternate benefits
Skilled nursing services and residential treatment	20% coinsurance after deductible; Up to 45 days covered per member each contract year	40% coinsurance after deductible; Up to 45 days covered per member each contract year
Outpatient surgery	20% coinsurance after deductible	40% coinsurance after deductible
In-home and hospice care	Covered in full	40% coinsurance after deductible
Rehabilitation services and devices	Preferred benefits	Alternate benefits
Physical and occupational therapy	\$30 copayment, deductible doesn't apply Maximum 30 visits per member per contract year, combined Preferred and Alternate	50% coinsurance after deductible Maximum 30 visits per member per contract year, combined Preferred and Alternate
Chiropractic care	Combined with physical and occupational therapy	Combined with physical and occupational therapy
Speech therapy	\$30 copayment, deductible doesn't apply; Combined maximum 30 visits per member per contract year	50% coinsurance after deductible Combined maximum 30 visits per member per contract year
Prosthetic and orthotic support	50% coinsurance after deductible	50% coinsurance after deductible
Durable medical equipment (DME)	50% coinsurance after deductible	50% coinsurance after deductible

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Family planning and maternity care	Preferred benefits	Alternate benefits
Family planning	50% coinsurance after deductible	Not covered
Routine prenatal and postpartum care	Covered in full for evaluation and management; see Preventative Health Care Guidelines for recommendations and services	40% coinsurance after deductible
Maternity delivery and nursery care	20% coinsurance after deductible	40% coinsurance after deductible
Tubal ligation	Covered in full for physicians services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery	40% coinsurance after deductible
Vasectomy	Covered in full when performed in physician's office or in connection with other surgery	Not covered

Riders	
Domestic partners	Covers both same sex partner or different sex partner

Additional benefits:



Cost estimator: Calculates specific costs for hundreds of procedures, based on where you're at with your deductible, coinsurance, etc. If a selected procedure is above fair market price, the tool will provide a list of nearby facilities where it's offered at a lower cost.



Travel assistance: If you become ill or injured while traveling more than 100 miles from home, AssistAmerica® coverage is included in your plan. Receive help with medical care, coordinating prescriptions, assistance with lost luggage, and even arrange your travel back home.



Member perks: Earn up to 20% cash back when you purchase digital gift cards from hundreds of local and national retailers - from Amazon to Zappos. Redeem online or at checkout at the store.