Other Provisions	Health Plan Design
General	• No lifetime benefit maximum • No pre-existing condition exclusions
Expanded Primary Care Offering	**Preventive drugs:** • No cost if listed on Attachment B1. Anthem/Blue Cross members need to get through mail-order **Preventive screenings:** • No cost if listed on Attachment B2. **Primary Care office visits:** • Up to 4 primary care visits at no cost • 10% coinsurance for subsequent visits (not subject to deductible) • Unlimited maternity and well-baby office visits included at no cost
Specialty/ Hospital Care/	• Subject to deductible • 20% coinsurance up to maximum annual out-of-pocket • Includes specialty office visits, inpatient hospital care, outpatient hospital care,

Emergency Room Visits/Ambulance Services	skilled nursing facility, home health care, substance abuse centers, mental health centers, ambulance services and emergency room visits
Hospice	• Covered at no cost
Maternity Care	• Unlimited office visits covered at no cost • Hospital-based delivery covered at 20% coinsurance (subject to deductible)
Well-Baby Care	• Office visits covered at no cost
Urgent Care Visits	• Not subject to deductible • Covered as Primary Care with a 10% coinsurance
Routine Physical Examinations	• Annual physical exam covered at no cost as part of the 4 free primary care visits
Immunizations	• No cost
X-Rays and Lab Tests	• Subject to deductible • Covered as Specialty Care with a 20% coinsurance • Routine lab tests and x-rays for chronic care and routine preventive screenings provided at no cost if listed on attachment B2.
Outpatient Physical Therapy	• Subject to deductible • 10% coinsurance for the first 5 visits • 20% coinsurance beyond 5 visits
Speech Therapy	• Subject to deductible • 10% coinsurance for the first 5 visits • 20% coinsurance beyond 5 visits
Occupational Therapy	• Subject to deductible • 10% coinsurance for the first 5 visits • 20% coinsurance beyond 5 visits
Chiropractic Care	• Subject to deductible • 10% coinsurance for the first 5 visits • 20% coinsurance beyond 5 visits
Acupuncture	• Subject to deductible • 10% coinsurance for the first 5 visits • 20% coinsurance beyond 5 visits
Durable Medical Equipment	• Subject to deductible • Covered as Specialty Care with a 20% coinsurance
Hearing Aid	• Subject to deductible • Covered as Specialty Care with a 20% coinsurance • Evaluations, fittings, equipment; frequency 1 per ear every 3 years
Behavioral Health (includes substance abuse) Outpatient Visits (through Value Options)	• Not subject to deductible • 10% coinsurance
Behavioral Health (includes substance abuse) Inpatient Services (Through Value Options)	• Subject to deductible • 20% coinsurance
DOT Mandated Treatment – in	• No cost

patient or out-patient (Through Value Options)	
Infertility Medical Services	• Subject to deductible • Covered as Specialty Care with a 20% coinsurance • $7,000 lifetime maximum; balances from prior plans carry forward
Annual Prescription Drug Deductible and Out-of-Pocket Maximum	• N/A - Bundled with medical services in the overall deductible and out-of-pocket maximum outlined above
Preventive Drugs	• No cost if listed on Attachment B1. Anthem/Blue Cross members need to get through mail-order.
Retail Drugs	• Subject to deductible 30-day prescriptions supplied at a participating pharmacy — plan pays: • 85% for generic • 75% for brand Maintenance medications: - after three prescription fills at retail pharmacy, plan pays $0 – maintenance drugs must be obtained from Mail Order Pharmacy.
Mail Order Drugs	• Subject to deductible Plan pays: • 90% for generic • 80% for brand
Infertility, Sexual Dysfunction, and Memory Enhancement Drugs.	• Subject to deductible • 50% coinsurance for retail and mail order, unless medically necessary • Medically necessary drugs are covered at standard reimbursement rates