Partners 100 Bronze 6550 Small Group Plan Benefit Summary



Per Coverd Person Per Family Annual Maximum Out-of-Pocket (includes all deductibles, co-pays and co-insurance) Per Coverde Person Per Family Physician Services Physician Services Physician Services Physician Visit Physician Visit Physician Telehealth Visit Physician Telehealth Visit Physician Services not received in an office setting Preventive Health Services Services with an "A" or "B" rating form the U.S. Preventive Services Task Force as mandated by PHSA Section 2713 Additional preventive services or treatments not mandated by PHSA Section 2713 Preventive Care and Screenings for infants, children and adolescents supported by the Health Resources and Services Mainistration Physician office visits and laboratory tests associated with preventive checkups Preventive Care and screenings for women supported by the Health Resources and Services Administration Physician Services Preventive Services For Adults Preventive Care and screenings for women supported by the Health Resources and Services Administration Immunizations Ages 0 to Adult (per immunization Practices of the CDC as mandated by PHSA Section 2713 Additional immunizations not mandated by PHSA Section 2713 Additional immunizations not mandated by PHSA Section 2713 Additional immunizations and mandated by PHSA Section 2713 Additional immunizations not mandated by PHSA Section 2713 Additional immunizations not mandated by PHSA Section 2713 Additional immunizations not mandated by PHSA Section 2713 Additional immunizations and mandated by PHSA Section 2713 Additional immunization Care Huspital Services Physician Services Physician Services Energency Services Energency Services Coupatient Services Coupa	Unlim	Member is responsible for:	
Deductible Per Covered Person Per Family Annual Maximum Out-of-Pocket (includes all deductibles, co-pays and co-insurance) Per Covered Person Per Family Physician Services Physician Services Physician Services Physician Visit Physician Visit Physician Telehealth Visit Physician Services not received in an office setting Preventive Health Services Services with and "A" or "B" rating form the U.S. Preventive Services Task Force as mandated by PHSA Section 2713 Additional preventive services or treduments not mandated by PHSA Section 2713 Preventive Care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration Preventive Care and screenings for infants, children and adolescents supported Preventive Care and screenings for women supported by the Health Resources and Services Administration Preventive Services for Adult (per immunization) As recommended by Advisory Committee on Immunization Practices of the CDC as mandated by PHSA Section 2713 Additional immunizations not mandated by PHSA Section 2713 Inpatient Hospital Services Physician Services Physician Services Physician Services <		Unlimited	
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Per Covered Person Per Family Physician Services Primary Care Physician (PCP) Specialty Care Physician (PCP) Specialty Care Physician (SCP) Physician eVisit Physician Telehealth Visit Physician Telehealth Visit Physician Services not received in an office setting Preventive Health Services Services with an 'A' or 'B' rating form the U.S. Preventive Services Task Force as mandated by PHSA Section 2713 Additional preventive services or treatments not mandated by PHSA Section 2713 Preventive Services for Children and Adolescents Preventive Care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration Physician office visits and laboratory tests associated with preventive checkups Preventive Care and screenings for women supported by the Health Resources and Services Administration Physician Services Administration As recommended by Advisory Committee on Immunization Practices of the CDC as mandated by PHSA Section 2713 Immunizations not mandated by PHSA Section 2713 Immunizations not mandated by PHSA Section 2713 Impatient Hospital Services Physical Services Hospitalization Maternity and Newborn Care Human Organ Transplant Transportation and Ladging Unrelated Donor Search Skilled Nursing Services - Inpatient, Physical Medicine and Rehabilitation Outpatient Services Ingency	\$13,100	\$26,200	
Per Family Physician Services Primary Care Physician (PCP) Specialty Care Physician (SCP) Physician eVisit Physician Telehealth Visit Physician Services not received in an office setting Preventive Health Services Services with an ** or *® rating form the U.S. Preventive Services Task Force as mandated by PHSA Section 2713 Additional preventive services or treatments not mandated by PHSA Section 2713 Preventive Care and screenings for infants, children and adolescents Preventive Care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration Preventive Care and screenings for nowmen supported by the Health Resources and Services Administration Preventive care and screenings for women supported by the Health Resources and Services Administration Immunizations Ages Oto Adult (per immunization) As recommended by Advisory Committee on Immunization Practices of the CDC as mandated by PHSA Section 2713 Impatient Hospital Services Physician Services Physician Services Physician Services Physician Services Preventive Care and screenings for infants, children and Adolescents and the CDC as mondated by PHSA Section 2713			
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Primary Care Physician (PCP) Specialty Care Physician (SCP) Physician eVisit Physician Telehealth Visit Physician Telehealth Visit Physician Services not received in an office setting Preventive Health Services Services with an "A" or "B" rating form the U.S. Preventive Services Task Force as mandated by PHSA Section 2713 Preventive Services for Children and Adolescents Preventive Services for Children and Adolescents Preventive Services for Children and Adolescents Preventive services or treatments not mandated by PHSA Section 2713 Preventive Services for Children and Adolescents Preventive services or treatments, children and adolescents supported by the Health Resources and Services Administration Physician office visits and laboratory tests associated with preventive checkups Preventive services for Adults Preventive care and screenings for women supported by the Health Resources and Services Administration Immunizations Ages 0 to Adult (per immunization Practices of the CDC as mandated by PHSA Section 2713 Additional immunizations not mandated by PHSA Section 2713 Inpatient Hospital Services Hospitalization Maternity and Newborn Care Human Organ Transplant Transportation and Lodging Unrelated Douro Search Skilled Nursing Services - Inpatient, Physical Medicine and Rehabilitation Cutpatient Services Emergency Services Urgent Care Services Cutpatient Surgery & Procedures Rehabilitation and Habilitative			
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Preventive care and screenings for women supported by the Health Resources and Services Administration Immunizations Ages 0 to Adult (per immunization) As recommended by Advisory Committee on Immunization Practices of the CDC as mandated by PHSA Section 2713 Additional immunizations not mandated by PHSA Section 2713 Inpatient Hospital Services Physician Services Hospitalization Maternity and Newborn Care Human Organ Transplant Transportation and Lodging Unrelated Donor Search Skilled Nursing Services - Inpatient, Physical Medicine and Rehabilitation Outpatient Services Emergency Services Urgent Care Services Outpatient Surgery & Procedures Rehabilitation and Habilitative	\$0	30%** U&C*	
and Services Administration Immunizations Ages 0 to Adult (per immunization) As recommended by Advisory Committee on Immunization Practices of the CDC as mandated by PHSA Section 2713 Additional immunizations not mandated by PHSA Section 2713 Inpatient Hospital Services Physician Services Hospitalization Maternity and Newborn Care Human Organ Transplant Transportation and Lodging Unrelated Donor Search Skilled Nursing Services - Inpatient, Physical Medicine and Rehabilitation Coutpatient Services Urgent Care Services Urgent Services Urgent Surgery & Procedures Rehabilitation and Habilitative			
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Inpatient Hospital Services Physician Services Hospitalization Maternity and Newborn Care Human Organ Transplant Transportation and Lodging Unrelated Donor Search Skilled Nursing Services - Inpatient, Physical Medicine and Rehabilitation Outpatient Services Emergency Services Urgent Care Services Outpatient Surgery & Procedures Rehabilitation and Habilitative	\$0	\$12 co-pay	
Physician Services Hospitalization Maternity and Newborn Care Human Organ Transplant Transportation and Lodging Unrelated Donor Search Skilled Nursing Services - Inpatient, Physical Medicine and Rehabilitation Outpatient Services Emergency Services Urgent Care Services Outpatient Surgery & Procedures Rehabilitation and Habilitative	\$12 co-pay	\$12 co-pay	
Hospitalization Maternity and Newborn Care Human Organ Transplant Transportation and Lodging Unrelated Donor Search Skilled Nursing Services - Inpatient, Physical Medicine and Rehabilitation Skilled Nursing Services - Inpatient, Physical Medicine and Rehabilitation Outpatient Services Emergency Services Urgent Care Services Outpatient Surgery & Procedures Rehabilitation and Habilitative			
Maternity and Newborn Care Human Organ Transplant Transportation and Lodging Unrelated Donor Search Skilled Nursing Services - Inpatient, Physical Medicine and Rehabilitation Dutpatient Services Emergency Services Urgent Care Services Dutpatient Surgery & Procedures Rehabilitation and Habilitative	0%**	30%** U&C*	
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Unrelated Donor Search Skilled Nursing Services - Inpatient, Physical Medicine and Rehabilitation Outpatient Services Emergency Services Urgent Care Services Outpatient Surgery & Procedures Rehabilitation and Habilitative	0%**	30%** U&C*	
Skilled Nursing Services - Inpatient, Physical Medicine and Rehabilitation Outpatient Services Emergency Services Urgent Care Services Outpatient Surgery & Procedures Rehabilitation and Habilitative	0%**	Not Covered	
Outpatient Services Emergency Services Urgent Care Services Outpatient Surgery & Procedures Rehabilitation and Habilitative	0%**		
Emergency Services Urgent Care Services Outpatient Surgery & Procedures Rehabilitation and Habilitative	0%**	30%** U&C*	
Emergency Services Urgent Care Services Outpatient Surgery & Procedures Rehabilitation and Habilitative	150 Inpatient days per Benefit Year Combined		
Urgent Care Services Outpatient Surgery & Procedures Rehabilitation and Habilitative			
Outpatient Surgery & Procedures Rehabilitation and Habilitative	0%**	0%**	
Rehabilitation and Habilitative	0%**	30%** U&C*	
	0%**	30%** U&C*	
Physical Therapy and Manipulation Therapy (not including Chiropractic Services)***			
	0%**	30%** U&C*	
	20 visits per Benefit Year (not including Autism/Applied Behavioral Analysis)		
Occupational Therapy	0%**	30%** U&C*	
	ts per Benefit Year (not includina	Autism/Applied Behavioral Analysis)	
Speech Therapy	0%** Unlim	30%** U&C*	

Cardiac Rehabilitation Pulmonary Rehabilitation	0%**	
Pulmonary Rehabilitation		30%** U&C*
Pulmonary Rehabilitation		per Benefit Year
	0%**	30%** U&C*
	20 visits	per Benefit Year
Chiropractic Services	0%**	30%** U&C*
	26 visits per Benefit Year without prior approval	
Diagnostic Laboratory, Imaging and Radiology	0%**	30%** U&C*
Home Health Care	0%**	30%** U&C*
	100 visits	s per Benefit Year
Private Duty Nursing	0%**	30%** U&C*
	82 visits per Benefit Year, 164 visits Lifetime Maximum	
Hospice	0%**	30%** U&C*
Ambulance Services	0%**	0%**
Educational Services	0%**	30%** U&C*
Durable Medical Equipment	0%**	30%** U&C*
Hearing Aids (newborns only)	0%**	30%** U&C*
Orthotics	0%**	30%** U&C*
Disposable Medical Supplies	0%**	30%** U&C*
Prosthetics	0%**	30%** U&C*
Mental Health Services		
Mental Health Office Visit	0%**	30%** U&C*
Mental Health Services not received in an office setting	0%**	30%** U&C*
Hospital Inpatient / Residential Treatment	0%**	30%** U&C*
Substance Abuse	0,0	50% 642
Outpatient Annual Maximum Benefit (unlimited)	0%**	30%** U&C*
Inpatient/Residential Annual Maximum (unlimited)	0%**	30%** U&C*
Medical or Social Setting Detox Annual Max (unlimited)	0%**	30%** U&C*
Dental Services (only related to accidental injury or for certain members		
requiring general anesthesia)	0%**	30%** U&C*
Pediatric Dental (dependent children through age 18)		
Dental Exam	0%**	
Basic Dental Care	0%**	
Major Dental Care	0%**	
Orthodontia (requires prior authorization)		0%**
Pediatric Vision (dependent children through age 18)		
Routine Eye Exam (1 visit per Benefit Year)	0%**	
Eye Glasses (1 pair of glasses, lenses and frames, per Benefit Year)	0%**	
	Benefits are based on the setting in	n which Covered Services are received****
Autism Services	0%**	30%** U&C*
Autism Services Applied Behavior Analysis (ABA) (dependent children through age 18) Requires prior authorization		
Applied Behavior Analysis (ABA) (dependent children through age 18)		
Applied Behavior Analysis (ABA) (dependent children through age 18) Requires prior authorization	Subject to Medical D	Peductible and Co-insurance
Applied Behavior Analysis (ABA) (dependent children through age 18) Requires prior authorization Pharmacy Services	Subject to Medical D 0%**	eductible and Co-insurance 30%** U&C*
Applied Behavior Analysis (ABA) (dependent children through age 18) Requires prior authorization Pharmacy Services Deductible		
Applied Behavior Analysis (ABA) (dependent children through age 18) Requires prior authorizationPharmacy ServicesDeductibleGeneric (most), Tier 1 (30 day supply)	0%**	30%** U&C*
Applied Behavior Analysis (ABA) (dependent children through age 18) Requires prior authorizationPharmacy ServicesDeductibleGeneric (most), Tier 1 (30 day supply)Preferred Brand, Tier 2 (30 day supply)	0%** 0%**	30%** U&C* 30%** U&C*

*U&C is used as an abbreviation for Usual and Customary.

**Co-insurance applies after deductible is met.

***Co-pays/Co-insurance for Physical Therapy will not exceed the physician office visit once the deductible is met.

****Coverage for the diagnosis and treatment of Autism Spectrum Disorders will not be subject to any greater Deductible/Co-pay/Co-insurance than is applicable to other physical health care services covered by this Plan.

This is only a brief summary of benefits, which is not intended to be comprehensive.

Your Small Group Health Plan Certificate of Coverage is the governing document for benefit information.

P.O. Box 5750 • Springfield, Missouri 65801-5750 • (417) 269-4679 • (800) 664-1244 • Fax: (417) 269-4667 • coxhealthplans.com

All Plans Are Qualified Health Plans

(Plans Available Beginning: 1/1/2017)