

# Partners 70 Silver 3850

## Small Group Plan Benefit Summary



| Plan Features   | In-Network<br>Member is responsible for:   | Out-of-Network<br>Member is responsible for: |
|---|--|--|
| <b>Essential Health Benefits</b>  |  | Unlimited                                    |
| <b>Lifetime Maximum Benefit</b>   |  | Unlimited                                    |
| <b>Deductible</b>   |  |  |
| <i>Per Covered Person</i>   | \$3,850  | \$7,700                                      |
| <i>Per Family</i>   | \$7,700  | \$15,400                                     |
| <b>Annual Maximum Out-of-Pocket</b> <i>(includes all deductibles, co-pays and co-insurance)</i>   |  |  |
| <i>Per Covered Person</i>   | \$6,850  | \$20,000                                     |
| <i>Per Family</i>   | \$13,700   | \$40,000                                     |
| <b>Physician Services</b>   |  |  |
| <i>Primary Care Physician (PCP)</i>   | \$30 Co-pay  | 50%** U&C*                                   |
| <i>Specialty Care Physician (SCP)</i>   | \$50 Co-pay  | 50%** U&C*                                   |
| <i>Physician eVisit</i>   | \$10 Co-pay  | 50%** U&C*                                   |
| <i>Physician Telehealth Visit</i>   | \$10 Co-pay  | 50%** U&C*                                   |
| <i>Physician Services not received in an office setting.</i>  | 30%**  | 50%** U&C*                                   |
| <b>Preventive Health Services</b>   |  |  |
| <i>Services with an "A" or "B" rating from the U.S. Preventive Services Task Force as mandated by PHSA Section 2713</i>                   | \$0  | 50%** U&C*                                   |
| <i>Additional preventive services or treatments not mandated by PHSA Section 2713</i>   | 30%**  | 50%** U&C*                                   |
| <b>Preventive Services for Children and Adolescents</b>   |  |  |
| <i>Preventive care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration</i> | \$0  | 50%** U&C*                                   |
| <i>Physician office visits and laboratory tests associated with preventive checkups</i>   | \$0  | 50%** U&C*                                   |
| <b>Preventive Services for Adults</b>   |  |  |
| <i>Preventive care and screenings for women supported by the Health Resources and Services Administration</i>                             | \$0  | 50%** U&C*                                   |
| <b>Immunizations Ages 0 to Adult</b> <i>(per immunization)</i>  |  |  |
| <i>As recommended by Advisory Committee on Immunization Practices of the CDC as mandated by PHSA Section 2713</i>                         | \$0  | \$12 Co-pay                                  |
| <i>Additional immunizations not mandated by PHSA Section 2713</i>   | \$12 Co-pay  | \$12 Co-pay                                  |
| <b>Inpatient Hospital Services</b>  |  |  |
| <i>Physician Services</i>   | 30%**  | 50%** U&C*                                   |
| <i>Hospitalization</i>  | 30%**  | 50%** U&C*                                   |
| <i>Maternity and Newborn Care</i>   | 30%**  | 50%** U&C*                                   |
| <i>Human Organ Transplant</i>   | 30%**  | 50%** U&C*                                   |
| <i>Transportation and Lodging</i>   | 30%**  | Not Covered                                  |
| <i>Unrelated Donor Search</i>   |  | 30%**  |
| <i>Skilled Nursing Services/Physical Medicine and Rehabilitation - Inpatient</i>  | 30%**  | 50%** U&C*                                   |
|   | <i>150 Inpatient days per Benefit Year</i>   |  |
| <b>Outpatient Services</b>  |  |  |
| <i>Emergency Services</i>   | 30%**  | 30%**  |
| <i>Urgent Care Services</i>   | \$100 Co-pay   | 50%** U&C*                                   |
| <i>Outpatient Surgery &amp; Procedures</i>  | 30%**  | 50%** U&C*                                   |
| <b>Rehabilitation and Habilitative</b>  |  |  |
| <i>Physical Therapy and Manipulation Therapy (not including Chiropractic Services)***</i>   | 30%**  | 50%** U&C*                                   |
|   | <i>20 visits per Benefit Year (not including Autism/Applied Behavioral Analysis)</i> |  |
| <i>Occupational Therapy</i>   | 30%**  | 50%** U&C*                                   |
|   | <i>20 visits per Benefit Year (not including Autism/Applied Behavioral Analysis)</i> |  |
| <i>Speech Therapy</i>   | 30%**  | 50%** U&C*                                   |
|   | Unlimited  |  |

|   |   |            |
|---|---|------------|
| Cardiac Rehabilitation  | 30%**   | 50%** U&C* |
|   | 36 visits per Benefit Year  |            |
| Pulmonary Rehabilitation  | 30%**   | 50%** U&C* |
|   | 20 visits per Benefit Year  |            |
| Chiropractic Services   | 30%**   | 50%** U&C* |
|   | Prior authorization required for office visits in excess of 26 per Benefit Year |            |
| Diagnostic Laboratory, Imaging and Radiology  | 30%**   | 50%** U&C* |
| Home Health Care  | 30%**   | 50%** U&C* |
|   | 100 visits per Benefit Year   |            |
| Private Duty Nursing  | 30%**   | 50%** U&C* |
|   | 82 visits per Benefit Year, 164 visits Lifetime Maximum                         |            |
| Hospice   | 30%**   | 50%** U&C* |
| Ambulance Services  | 30%**   | 30%**      |
| Educational Services  | 30%**   | 50%** U&C* |
| Durable Medical Equipment   | 30%**   | 50%** U&C* |
| Orthotics   | 30%**   | 50%** U&C* |
| Disposable Medical Supplies   | 30%**   | 50%** U&C* |
| Prosthetics   | 30%**   | 50%** U&C* |
| <b>Mental Health Services</b>   |   |            |
| Mental Health Office Visit  | \$30 Co-pay   | 50%** U&C* |
| Mental Health Services not received in an office setting.   | 30%**   | 50%** U&C* |
| Hospital Inpatient/Residential Treatment  | 30%**   | 50%** U&C* |
| <b>Substance Abuse</b>  |   |            |
| Outpatient Annual Maximum Benefit (unlimited)   | 30%**   | 50%** U&C* |
| Inpatient/Residential Annual Maximum (unlimited)  | 30%**   | 50%** U&C* |
| Medical or Social Setting Detox Annual Max (unlimited)  | 30%**   | 50%** U&C* |
| <b>Dental Services</b> (only related to accidental injury or for certain members requiring general anesthesia)                  | 30%**   | 50%** U&C* |
| <b>Pediatric Dental</b> (dependent children through age 18)   |   |            |
| Dental Exam   |   | 30%**      |
| Basic Dental Care   |   | 30%**      |
| Major Dental Care   |   | 30%**      |
| Orthodontia (requires prior authorization)  |   | 30%**      |
| <b>Pediatric Vision</b> (dependent children through age 18)   |   |            |
| Routine Eye Exam (1 visit per Benefit Year)   |   | 30%**      |
| Eye Glasses (1 pair standard eyeglass lenses or contact lenses per Benefit Year)<br>(1 standard frame every other Benefit Year) |   | 30%**      |
| <b>Autism Services</b> Benefits are based on the setting in which Covered Services are received****                             |   |            |
| <b>Applied Behavior Analysis (ABA)</b><br>Requires prior authorization  | 30%**   | 50%** U&C* |
| <b>Pharmacy Services</b>  |   |            |
| <b>Deductible</b>   |   | \$0        |
| Generic (most), Tier 1 (30 day supply)  | \$15  | 50%** U&C* |
| Preferred Brand, Tier 2 (30 day supply)   | \$45  | 50%** U&C* |
| Other Brand/Non-Formulary, Tier 3 (30 day supply)   | \$75  | 50%** U&C* |
| Specialty Formulary Brand/Non-Formulary, Tier 4 (30 day supply)   | \$100   | N/A        |
| Mail Order (90 day supply)  | 2.5x  | N/A        |

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

\*\*Co-pays/Co-insurance/Costshare applies after Deductible is met.

\*\*\*Co-pays/Co-insurance/Costshare for Physical Therapy or Occupational 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/Costshare 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.

**All Plans Are Qualified Health Plans**  
(Plans Available Beginning: 1/1/2018)