

# Medical Benefits At-A-Glance

The following is only a summary, some benefits may have further limitations or exclusions.

	CIGNA Open Access Plan		Presbyterian My Care <sup>2</sup>
	In-Network	Out of Network	Active
Annual deductible	None	\$1,000 ind. \$2,000 family	None
Annual out-of-pocket costs	\$1,500 individual, \$3,000 family	\$3,000 ind. \$6,000 family	Twice your annual premium
Lifetime maximum	Unlimited		Unlimited
<b>Physician services</b>			
Office visit	\$15 co-pay per visit	50% after plan deductible <sup>3</sup>	\$20 co-pay per visit
Specialist visit	\$25 co-pay per visit		\$30 co-pay per visit
Allergy testing	\$25 co-pay per visit	50% after plan deductible	You pay 20%
Injections	\$25 co-pay per visit, \$15 co-pay if PCP	50% after plan deductible <sup>3</sup>	Included in office visit co-pay
Infertility services	\$25 co-pay per visit, \$15 co-pay if PCP	50% after plan deductible <sup>3</sup>	You pay 50%
Gynecological exam	\$25 co-pay per visit, \$15 co-pay if PCP	50% after plan deductible <sup>3</sup>	\$20 co-pay
Pre and post natal care	\$25 co-pay per initial visit, no charge for all other routine visits	50% after plan deductible <sup>3</sup>	\$20 co-pay per visit up to \$200 per pregnancy
<b>Diagnostic X-ray</b>			
MRI	\$75 co-pay <sup>1</sup>	50% after \$150 per procedure deductible and plan deductible <sup>1 3</sup>	\$125 co-pay per test
Cat Scans	\$75 co-pay <sup>1</sup>	50% after plan deductible <sup>1 3</sup>	\$75 co-pay per test
Cardiac Cath	\$150 co-pay <sup>1</sup>	50% after plan deductible <sup>1 3</sup>	\$200 co-pay per test
X-Ray and Laboratory	No charge	50% after plan deductible <sup>3</sup>	No charge
Urgent care	\$25 co-pay urgent, \$15 co-pay non appointment care	50% after plan deductible <sup>3</sup>	Participating provider: \$25 co-pay Non-participating provider: \$50 co-pay
Emergency room	\$75 co-pay, waived if admitted	50% after plan deductible <sup>3</sup>	\$75 co-pay, waived if admitted
Ambulance	No charge	50% after plan deductible <sup>3</sup>	\$50 co-pay (ground), \$100 co-pay (air)
<b>Hospital</b>			
Inpatient	\$250 co-pay per admission <sup>1</sup>	50% after \$500 per admit deductible and plan deductible <sup>1 3</sup>	\$150 co-pay per day up to \$450 per admission <sup>1</sup>
Outpatient	\$150 co-pay <sup>1</sup>	50% after \$250 per visit deductible and plan deductible <sup>1 3</sup>	\$150 co-pay per visit <sup>1</sup>
Speech, physical, occupational therapy Outpatient	\$20 co-pay per visit (60 visits per calendar year combined includes acupuncture) <sup>1</sup>	50% after plan deductible <sup>1 3</sup>	\$30 co-pay per visit <sup>1</sup> (2 months per condition)
Acupuncture	See speech therapy	50% after plan deductible <sup>3</sup>	\$30 co-pay per visit (20 visits per calendar year, medical necessity)
Durable medical equipment	No charge ( up to \$1,000 per calendar year) <sup>**1</sup>	50% after plan deductible <sup>1 3</sup>	You pay 50% <sup>1</sup>
Chiropractic	See speech therapy	50% after plan deductible <sup>3</sup>	\$30 co-pay per visit (18 visits per calendar year, medical necessity)
Home Health Care	No charge (100 visits max per calendar year) <sup>**1</sup>	50% after plan deductible <sup>1 3</sup>	No charge <sup>1</sup>
Hospice	No charge <sup>1</sup>	50% after plan deductible <sup>1 3</sup>	\$150 co-pay per day up to \$450 per admission <sup>1</sup>
Skilled nursing care	No charge (60 days per calendar year) <sup>**1</sup>	50% after plan deductible <sup>1 3</sup>	\$150 co-pay per day up to \$450 per admission (60 days per calendar year) <sup>1</sup>
Dialysis	\$150 co-pay per admission	50% after plan deductible <sup>1 3</sup>	You pay 20% per visit
<b>Mental Health</b>			
Inpatient	\$250 co-pay per admission <sup>1</sup>	50% after \$500 per admit deductible and plan deductible <sup>1 3</sup>	\$150 co-pay per day up to \$450 per admission <sup>1</sup>
Outpatient	\$25 co-pay per visit	50% after plan deductible <sup>3</sup>	\$30 co-pay per visit <sup>1</sup>
<b>Substance Abuse</b>			
Inpatient	\$50 co-pay per day (30-day max per calendar year) <sup>**1</sup>	50% after \$50 per day deductible and plan deductible <sup>1 3</sup>	Detox: \$150 co-pay per day up to \$450 per admission <sup>1,3*</sup> Rehab: 25% co-pay per admission <sup>1,3*</sup>
Outpatient	\$25 co-pay for first 2 visits, \$25 thereafter (20 visit max per calendar year) <sup>*</sup>	50% after plan deductible <sup>3</sup>	\$30 co-pay per visit <sup>1</sup> (20 visits per calendar year)
<b>Prescription drugs</b>			
Retail	Generic \$10, brand \$35, non-preferred or brand name with generic equivalent 50%	In-network coverage only	Generic \$10, brand \$35, non-preferred \$55 (30 days or 100 units, whichever less) When generic available but chooses brand, \$10 plus difference in cost
Mail Order	Generic \$20, brand \$70, non-preferred or brand name with generic equivalent 50%	In-network coverage only	Generic \$20, brand \$87.50, non-preferred \$165 (90 days or 300 units, whichever less) When generic available but chooses brand, \$20 plus difference in cost

<sup>1</sup> Prior authorization/benefit certification applies.

<sup>2</sup> Pending Department of Insurance approval.

<sup>3</sup>Benefits are limited to reasonable and customary charges. You are responsible for any balance due above reasonable and customary charges.

For a more complete description please refer to each plan's member certificate, schedule of benefits or group subscriber agreement.

<b>Presbyterian My Care<sup>2</sup></b>		
<b>Family</b>	<b>Independent</b>	
	<b>Network</b>	<b>Out-of-Network</b>
None	None	\$500 individual, \$1,500 family
Twice your annual premium	Twice your annual premium	\$6,000 individual, \$18,000 family
Unlimited	Unlimited	\$2 million
\$25 co-pay (adult), \$10 co-pay (child)	\$25 co-pay per visit	You pay 40%
\$35 co-pay (adult), \$20 co-pay (child)	\$35 co-pay per visit	You pay 40%
You pay 20%	You pay 20%	You pay 40%
Included in office visit co-pay	Included in office visit co-pay	You pay 40%
You pay 50%	You pay 50%	Not covered
\$25 co-pay (adult), \$10 co-pay (child)	\$25 co-pay	You pay 40%
\$25 co-pay per visit up to \$250 per pregnancy	\$25 co-pay per visit up to \$250 per pregnancy	You pay 40%
\$200 co-pay per test (adult) \$100 co-pay per test (child)	\$125 co-pay per test	You pay 40% <sup>1,4</sup>
\$125 co-pay per test (adult) \$75 co-pay per test (child)	\$75 co-pay per test	You pay 40% <sup>1,4</sup>
\$300 co-pay per test (adult) \$175 co-pay per test (child)	\$200 co-pay per test	You pay 40% <sup>1,4</sup>
No charge	No charge	You pay 40% <sup>1,4</sup>
Participating provider: \$35 co-pay (adult), \$20 co-pay (child), Non-participating provider: \$45 (adult), \$30 co-pay (child)	\$35 co-pay	\$45 co-pay no deductible
\$75 co-pay, waived if admitted	\$75 co-pay, waived if admitted	\$75 co-pay no deductible
\$50 co-pay (ground), \$100 co-pay (air)	\$50 co-pay (ground), \$100 co-pay (air)	\$50 co-pay (ground), \$100 co-pay (air)
\$150 co-pay per day up to \$450 per admission (adult) <sup>1</sup> \$100 co-pay per day up to \$300 per admission (child) <sup>1</sup>	\$150 co-pay per day up to \$450 per admission <sup>1</sup>	You pay 40% <sup>1,4</sup>
\$200 co-pay per visit (adult), \$100 co-pay per visit (child) <sup>1</sup>	\$125 co-pay per visit <sup>1</sup>	You pay 40% <sup>1,4</sup>
\$35 co-pay per visit (adult), \$20 co-pay per visit (child) (2 months per condition)	\$35 co-pay per visit (2 months per condition)	You pay 40% <sup>1,4</sup> (2 months per condition) Speech therapy not covered out-of-network
\$35 co-pay (adult), \$20 co-pay (child); (20 visits per calendar year, medical necessity)	\$35 co-pay per visit (20 visits per calendar year, medical necessity)	You pay 40%
You pay 50% <sup>1</sup>	You pay 50% <sup>1</sup>	You pay 50% <sup>1,4</sup>
\$35 co-pay (adult), \$20 co-pay (child) (18 visits per calendar year, medical necessity)	\$35 co-pay per visit (18 visits per calendar year, medical necessity)	You pay 40%
No charge <sup>1</sup>	No charge <sup>1</sup>	You pay 40% <sup>1,4</sup>
\$150 co-pay per day up to \$450 per admission (adult) <sup>1</sup> \$100 co-pay per day up to \$300 per admission (child) <sup>1</sup>	\$150 co-pay per day up to \$450 per admission <sup>1</sup>	You pay 40% <sup>1,4</sup>
\$150 co-pay per day up to \$450 per admission (adult) \$100 co-pay per day up to \$300 per admission (child) (60 days per calendar year) <sup>1</sup>	\$150 co-pay per day up to \$450 per admission (60 days per calendar year) <sup>1</sup>	You pay 40% <sup>1,4</sup>
You pay 20% per visit	You pay 20% per visit	You pay 40%
\$150 co-pay per day up to \$450 per admission (adult) <sup>1</sup> \$100 co-pay per day up to \$300 per admission (child) <sup>1</sup>	\$150 co-pay per day up to \$450 per admission <sup>1</sup>	You pay 40% <sup>1,4</sup>
\$35 co-pay (adult), \$20 co-pay (child) per visit <sup>1</sup>	\$35 co-pay per visit <sup>1</sup>	You pay 40% <sup>1,4</sup>
Detox: \$150 co-pay per day up to \$450 per admission (adult) <sup>1</sup> ; \$100 co-pay per day up to \$300 per admission (child) <sup>1</sup> ; Rehab: 25% co-pay per admission <sup>1,*</sup>	Detox: \$150 co-pay per day up to \$450 per admission <sup>1</sup> ; Rehab: 25% co-pay per admission <sup>1,*</sup>	You pay 40% <sup>1,4</sup>
\$35 co-pay per visit (adult) <sup>1</sup> \$20 co-pay per visit (child) <sup>1</sup>	\$35 co-pay per visit <sup>1</sup> (20 visits per calendar year)	You pay 40% <sup>1,4</sup>
Generic \$10, brand \$30, non-preferred \$50 (30 days or 100 units, whichever less) When generic available but chooses brand \$10 plus difference in cost	Generic \$10, brand \$30, non-preferred \$50 (30 days or 100 units, whichever less) When generic available but chooses brand \$10 plus difference in cost	Not covered unless an emergency outside service area (deductible doesn't apply)
Generic \$20, brand \$75, non-preferred \$150 (90 days or 300 units, whichever less) When generic available but chooses brand \$20 plus difference in cost	Generic \$20, brand \$75, non-preferred \$150 (90 days or 300 units, whichever less) When generic available but chooses brand \$20 plus difference in cost	Not covered

<sup>1</sup> A 15% penalty applies if benefit certification is not obtained.

\*20 visits and 1 episode per calendar year, 3 episodes per lifetime.