

Appendix F Network Health Plan Effective 11/01/2011
Active Employees HMO

Service Received	Employee Share of the Cost
These services MUST be provided by or referred by your Primary Care Provider (PCP).	
Preventive Care <ul style="list-style-type: none"> Immunization (including travel), lead screening, PSA (prostate screening) Routine physical exam and well baby care Routine hearing screening (through age 18) <i>See "Other Services" for additional Preventive Care information</i>	No charge
Office Visit <ul style="list-style-type: none"> Medical Exam, family planning, office surgery 	\$15 PCP /\$30 Specialist Copay
Other Outpatient Care <ul style="list-style-type: none"> Short term rehabilitative therapy- physical, occupational, cardiac or speech (<i>unlimited</i>) Allergy treatment and injections 	\$15 Copay
<ul style="list-style-type: none"> Surgery in hospital outpatient department or ambulatory surgery center Lab, X-ray and ultrasound CT scan and MRI, outpatient facility fees 	No Charge
Inpatient Care (as a bed patient in an acute care hospital) <ul style="list-style-type: none"> Semi-private room and board Physician in-hospital care, surgery, anesthesia, lab, X-ray, CT scan, MRI, medical supplies, medication and physical, occupational and speech therapy 	No Charge
Skilled Nursing Facility and Rehabilitation Facility Care <i>(limited to 100 days combined per member, per calendar year)</i>	No Charge
Durable Medical Equipment (DME) and External Prosthetic Devices <i>(unlimited)</i>	No charge
These services DO NOT require a PCP referral as long as you use designated network providers.	
Other Services <ul style="list-style-type: none"> Routine vision exam – birth through age 18 (<i>one exam every year</i>) Routine vision exam – age 19 and over (<i>one exam every two years</i>) 	No Charge
<ul style="list-style-type: none"> Chiropractic visits (<i>limited to 20 visits per member per calendar year</i>) 	\$15 Copay
<ul style="list-style-type: none"> Infertility office visits (Tests, Counseling) Treatment for surgical and non-surgical TMJ (<i>excluding appliances and orthodontic treatment</i>) 	\$30 Copay
<ul style="list-style-type: none"> OB/GYN care (performed by an OB/GYN provider) <ul style="list-style-type: none"> Well Women exam (1 per year) Maternity care (routine prenatal, delivery and postpartum) Mammogram and Pap smear Hearing aids – birth to age 18 Nutritional Counseling –(<i>if billed as an office visit, service will be subject to an office visit co-pay, 3 visits per member per calendar year, unlimited for diabetes or organic disease</i>) 	No Charge
These services DO NOT require a PCP referral for medical emergencies as defined by your Benefit Booklet.	
Hospital Emergency Room (ER)/ Urgent Care Facility <ul style="list-style-type: none"> Urgent Care charge (waived if admitted) ER charge (<i>waived if admitted</i>) ER physician fee, CT scan, MRI, medical supplies, etc. 	\$50 copay \$100 copay No Charge
Ambulance (medically necessary emergency transport only)	No Charge

Service Received		Employee Share of the Cost
For these services no PCP referral is required, but <u>ALL</u> care must be authorized in advance by the Behavioral Health Administrator		
Mental Health (MH)		
<ul style="list-style-type: none"> • Outpatient services <ul style="list-style-type: none"> - Individual Therapy - Intensive Outpatient Treatment Program (IOP) <ul style="list-style-type: none"> - Group Therapy 		\$15 copay
<ul style="list-style-type: none"> • Inpatient services <ul style="list-style-type: none"> - Inpatient - Partial Hospitalization Program (PHP) 		No Charge
Substance Abuse (SA)		
<ul style="list-style-type: none"> • Outpatient services <ul style="list-style-type: none"> - Individual Therapy - Intensive Outpatient Treatment Program (IOP) - Group Therapy 		\$15 copay
<ul style="list-style-type: none"> • Inpatient services <ul style="list-style-type: none"> - Inpatient (Including medical detoxification & SA rehabilitation) - Partial Hospitalization Program (PHP) 		No Charge
Maximums (For covered medical costs)*		
<ul style="list-style-type: none"> • Individual Out-Of Pocket Maximum \$500 • Family Out-of-Pocket Maximum \$1000 • Life Time Benefit Maximum Unlimited <p>*Individual and Family Out-of-Pocket Maximums accumulated between 01/01/2011 through 10/31/2011 shall be applied to the period 11/01/2011 through 12/31/2011 for calendar year 2011 only. Effective 01/01/2012 Out-of-Pocket Maximums will reset to \$0.</p>		
Other		
<ul style="list-style-type: none"> • Health Education Reimbursement : \$150 per family per calendar year** • ¹Fitness Equipment Reimbursement: \$200 per employee per calendar year OR Health Club Benefit: \$450 per employee per calendar year* • Eyewear benefits: \$100 every two years per family member (Includes eyeglasses (frames and lenses) and contact lenses). <p>**This is a taxable benefit.</p>		
Prescription Drugs		
	Retail Pharmacy	Mail Service Pharmacy
Employee Share of the Cost	<ul style="list-style-type: none"> • \$10 for each generic medication • \$25 for each preferred brand-name medication • \$40 for each non-preferred brand-name medication 	<ul style="list-style-type: none"> • \$1 for each generic medication • \$40 for each preferred brand-name medication • \$70 for each non-preferred brand-name medication
Days Supply Limit	Up to a 31 -day supply	Up to a 90 -day supply
Maximums (for covered prescription costs)²		
<ul style="list-style-type: none"> • \$750 per individual per calendar year • \$1500 per family per calendar year 		
Other		
<ul style="list-style-type: none"> • Mandatory Mail Order (for Maintenance Drugs after three (3) retail purchases per prescription, with employee opt out. • Exclusive Specialty Pharmacy • Quantity Limits 		<ul style="list-style-type: none"> • Mandatory Generic Substitution with DAW 2 (i.e., the only exception is physician ordered "Dispense as Written") • Traditional Generic Step Therapy • Pharmacy Adviser

¹ **Married State Employees.** If two State employees are married, each employee is entitled to receive the Fitness Equipment Reimbursement OR the Health Club Benefit per calendar year.

² Individual and Family Out-of-Pocket Maximums accumulated between 01/01/2011 through 10/31/2011 shall be applied to the period 11/01/2011 through 12/31/2011 for calendar year 2011 only. Effective 01/01/2012 Out-of-Pocket Maximums will reset to \$0.