2019 Summary of Benefits Matrix effective April 1, 2019 - ACTIVE EMPLOYEES

This is only a BRIEF SUMMARY	KeyCare Plus 10/10%/2500 PPO Plan (Anthem BCBS)	HealthKeepers 15/20%/3000 POS Plan (Anthem BCBS)	Optima Vantage 20/40 HMO Plan (Optima Health)
It is very important that you review all of your enrollment materials for more specific details.	You and your dependents may access care from any PPO provider. The PPO network is extensive. See the provider directory. You may also access care from out-of-network providers, but you will pay 30% coinsurance after the calendar year out-of-network deductible.(1)	You and your dependents may access care from any POS provider. The POS network is extensive. See the provider directory. You may also access care from out-of-network providers, but you will pay 30% coinsurance after the calendar year out-of-network deductible.(1)	You and your dependents may access care from any participating HMO network provider without obtaining a referral from your Primary Care Physician (PCP),. You must use network providers except in emergency situations
MONTHLY EMPLOYEE COST FOR EACH OPTION			
Employee Only	$248.90	$216.50	$179.40
Employee + Child	$359.80	$313.10	$259.00
Employee + Spouse	$520.00	$452.50	$376.20
Employee + Family	$680.20	$591.70	$493.10
Calendar Year Deductible	In-Network: None	In-Network: None	None
Your Maximum Out-of-Pocket Expense Limit Per Calendar Year for In-network Medical and Pharmacy Services	In-Network: $2,500 Individual / $5,000 Family (Includes Medical and Pharmacy Benefits)	In-Network: $3,000 Individual / $6,000 Family (Includes Medical and Pharmacy Benefits)	In-Network: $2,500 Individual / $5,000 Family (Includes Medical and Pharmacy Benefits)
Referrals to Specialists Required	No	No	No
IN-NETWORK BENEFITS			
Physician Office Visits	PCP - $10 copay Specialist - $20 copay	PCP - $15 copay Specialist - $35 copay	PCP - $20 copay Specialist - $40 copay
Diagnostic Labs, X-rays, and Other Outpatient Diagnostic Tests	10% coinsurance	PCP - $15 copay Specialist - $35 copay Separate copays are not charged for services/x-rays/tests by same provider on same day as office visit.	$40 copay
Advanced Diagnostic Services	Examples: MRI, MRA, PET Scan, CTA and CT Scans: 10% coinsurance	Examples: MRI, MRA, PET Scan, CTA and CT Scans: 20% coinsurance	Examples: MRI, MRA, PET Scan, CTA and CT Scans: $150 copay
Outpatient Surgery	$100 copay plus 10% coinsurance for facility $10 or $20 copay for services billed by the doctor	$200 copay	$200 copay
Preventive Care Services	No charge	No charge	No charge
Maternity Care - Outpatient (Refer to Inpatient Hospital Services below for inpatient maternity benefits)	All routine pre and postnatal care (excluding inpatient stays): $300 copay per pregnancy Diagnostic testing such as ultrasounds, non-stress tests, and other fetal monitor procedures: 10% coinsurance	All routine pre and postnatal care (excluding inpatient stays): $300 copay per pregnancy Diagnostic testing such as ultrasounds, non-stress tests, and other fetal monitor procedures: $35 copay	Prenatal, delivery (including delivering Obstetrician), postpartum services, and home health visits: $450 copay
Urgent Care Center	$20 copay	$35 copay	$40 copay
Emergency Room Visit	$200 copay (waived if admitted) plus 10% coinsurance for facility 10% coinsurance for ER physician services	$250 copay (waived if admitted)	$200 copay (waived if admitted)
Inpatient Hospital Services	$200 plus 10% for facility 10% coinsurance for physician, nursing and professional services including anesthesia, surgical, and maternity delivery services	$250 per day not to exceed $1,250 for each admission	$200 per day not to exceed $1,000 for each admission
Outpatient Mental Health and Substance Abuse (MHSA)	Office Visit: $10 per visit Facility & Professional Provider Services: 10% coinsurance	$15 copay per visit	$20 copay per visit
Inpatient MHSA Services	$200 plus 10% for facility 10% coinsurance for physician, nursing and professional services including anesthesia, surgical, and maternity delivery services	$250 per day not to exceed $1,250 for each admission	$200 copay per day not to exceed $1,000 for each admission
Chiropractic Services	$20 copay per visit Limited to 30 visits per calendar year	$25 copay per visit (PCP referral required) Limited to 30 visits per calendar year	Discount Program (through ASHN) ASHN providers extend up to a 25% discount off their normal charges to Optima members
Routine Vision Services	Annual eye exam Adults - $15 copay Annual eye eam Chiildren - Covered in full Discounts on eye wear and laser vision correction surgery	Annual eye exam Adults - $15 copay Annual eye eam Chiildren - Covered in full Discounts on eye wear and laser vision correction surgery	Annual eye exam - No charge in network Frames or contacts covered in full up to $100 in network
Prescription Drugs (2)			
Retail (30/31-Day Supply):	$10/$30/$45/20% to $250	$10/$30/$45/20% to $250	$10/$40/$60/20% to $250
Retail (90-Day Supply):	$30/$90/$135	$30/$90/$135	n/a
Mail Order (90-Day Supply):	$25/$75/$113	$25/$75/$113	$25/$100/$180
Note about Specialty Drugs	30-day supply for Tier 4 Specialty Drugs Only available through specialty mail order pharmacy	30-day supply for Tier 4 Specialty Drugs Only available through specialty mail order pharmacy	31-day supply for Tier 4 Specialty Drugs Only available through specialty mail order pharmacy
OUT-OF-NETWORK BENEFITS			
CY Deductible: CY Out-of-Pocket Limit: Coinsurance:	Individual / Family: $200 / $400 Individual / Family: $4,000 / $8,000 30%	Individual / Family: $400 / $800 Individual / Family: $5,000 / $10,000 30%	No benefits covered out of the network except Emergency Services

(1) When services are rendered by a non-participating provider, you may be "balance billed" for charges above the Anthem KeyCare or HealthKeepers POS network negotiated reimbursement.

(2) For a list of drugs and applicable tier, refer to the appropriate provider website (anthem.com or optimahealth.com). Generic substition is required by both Anthem and Optima. Certain oral contraceptives are covered in full as required by ACA.