

Base Coverage

Base Coverage meets the federal government's criteria of a qualifying high deductible health plan under Section 1201 of the *Medicare Prescription Drug Improvement and Modernization Act of 2003* in regard to establishing a Health Savings Account (HSA). HSAs are portable, interest-bearing, funded accounts to provide for tax-free savings for medical expenses. HSAs allow individuals to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis. The State does not administer HSA accounts.

The benefit design for Base Coverage is structured to comply with IRS regulations related to qualified high deductible health plans. There are two types of coverage: Individual Coverage and Family Coverage.

INDIVIDUAL COVERAGE

Deductible and Coinsurance/Co-payment Maximum – Individual Coverage

	In-Network	Out-of-Network
Calendar Year Deductible	\$1,800	
Coinsurance/Co-payment Maximum	\$2,500	\$4,000

Calendar Year Deductible – Individual Coverage

The calendar year deductible is the amount of covered expense a participant must pay each year before the Plan begins to pay its share of covered expenses. All expenses, medical and prescription drug, apply toward the calendar year deductible. Once the calendar year deductible has been met, the Plan pays its portion of the allowable charge for covered expenses, and the participant pays prescription drug co-payments and a percentage of the allowable charge for covered medical expenses.

Coinsurance/Co-payment Maximum – Individual Coverage

The coinsurance/co-payment maximum is the maximum amount that an enrollee with individual coverage has to pay in coinsurance and co-payments for covered expenses in a calendar year before benefits will be paid at 100% of the allowable charge. The coinsurance/co-payment maximum provides participants protection against catastrophic healthcare expenses. The amount paid toward meeting the calendar year deductible does not count toward satisfying the coinsurance/co-payment maximum.

The initial \$2,500 of coinsurance/co-payments is applied to both the in and out-of-network coinsurance/co-payment maximum. After the initial \$2,500 has been met, only the coinsurance amount for services rendered by non-participating providers will be applied to the additional \$1,500 out-of-network coinsurance. Once the annual coinsurance/co-payment maximum is met, the Plan pays 100% of the allowable charge for covered medical expenses and prescription drugs for the remainder of that calendar year, except as otherwise specified.

The Plan will never pay 100% of those expenses that do not apply toward satisfying the coinsurance/co-payment maximum.

FAMILY COVERAGE

Deductible and Coinsurance/Co-payment Maximum - Family Coverage

	In-Network	Out-of-Network
Calendar Year Deductible	\$3,000	
Coinsurance/Co-payment Maximum	\$5,000	\$8,000

Calendar Year Deductible – Family Coverage

Family coverage is when an enrollee has one or more covered dependents. If an enrollee has family coverage, there is no separate deductible for each covered individual in the family. Benefits will not be paid until the family deductible for all participants under that ID number has been satisfied. The family deductible also applies when both husband and wife are covered separately as enrollees, one of the enrollees has dependent coverage, and both are enrolled in Base Coverage.

If both husband and wife are covered employees, one carries dependent coverage, and only one of them elects Base Coverage, calendar year deductibles and coinsurance/co-payment amounts are not shared.

If both husband and wife are covered employees with employee only coverage, and both elect Base Coverage, the calendar year deductible and coinsurance/co-payment amounts are not shared.

The following expenses do not count towards the calendar year deductible for Individual or Family Base Coverage:

- Expenses in excess of the allowable charge
- Utilization review penalties
- Expenses in excess of Plan maximum limits
- Services not covered by the Plan including all those found in the *Medical Limitations and Exclusions* section
- Services not considered medically necessary

Coinsurance/Co-payment Maximum – Family Coverage

The coinsurance/co-payment maximum is the maximum amount that an enrollee with family coverage has to pay in coinsurance and co-payments for covered expenses in a calendar year before benefits will be paid at 100% of the allowable charge. If an enrollee has family coverage, there is no separate coinsurance/co-payment maximum for each individual. The family coinsurance/co-payment maximum also applies when both husband and wife are covered separately as enrollees, one of the enrollees has family coverage, and both are enrolled in Base Coverage. The amount paid toward meeting the calendar year deductible does not count toward satisfying the coinsurance/co-payment maximum.

The initial \$5,000 of coinsurance and co-payments is applied to both the in and out-of-network coinsurance/co-payment maximum. After the initial \$5,000 has been applied, only the coinsurance amount for services rendered by non-participating providers will be applied to the additional \$3,000 out-of-network coinsurance/co-payment maximum. Once the annual coinsurance/co-payment maximum is met, the Plan pays 100% of the allowable charge for covered medical expenses and prescription drugs for the remainder of that calendar year, except as otherwise specified.

The Plan will never pay 100% for those expenses that do not apply toward satisfying the coinsurance/co-payment maximum.

Coinsurance

Once a participant has met the calendar year deductible, the Plan pays a portion of the allowable charge for covered medical expense. The participant pays the remainder in the form of coinsurance.

Any fees charged by a non-participating provider that are above the allowable charge are not part of the coinsurance amount. The Plan will not pay any portion of these charges.

Helpful Tip: Participating providers agree not to charge any amount above the Plan’s allowable charge for covered services.

Do These Expenses Count Towards The Coinsurance/Co-Payment Maximum?	
YES	NO
<ul style="list-style-type: none"> ▪ The coinsurance paid for hospital inpatient services ▪ The coinsurance paid for other covered expenses ▪ The private room co-payment ▪ The emergency room co-payment ▪ Prescription drug co-payments 	<ul style="list-style-type: none"> ▪ The calendar year deductible ▪ Expenses in excess of the allowable charge ▪ Expenses in excess of Plan maximum limits ▪ Utilization review penalties ▪ Services not covered by the Plan including all those found in the <i>Medical Limitations and Exclusions</i> section ▪ Generic drug differential amounts ▪ Services not considered medically necessary

Summary of Base Coverage Medical Benefits

This is only a summary of the medical benefits under the Base Coverage. It does not provide all details and provisions of the Plan. Some limitations and exclusions apply and can be found within the *Plan Document*.

	In-Area Participants		Out-of-Area Participants	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Deductible – Individual Coverage	\$1,800		\$1,800	
Calendar Year Deductible – Family Coverage	\$3,000		\$3,000	
Coinsurance Maximum – Individual Coverage	\$2,500	\$4,000	\$2,500	\$4,000
Coinsurance Maximum – Family Coverage	\$5,000	\$8,000	\$5,000	\$8,000
All benefits are subject to the deductible unless otherwise noted in the Covered Services section.				
Physician Services	80%	60%	80%	75%
Hospital –In-patient*	80%	60%	80%	75%
Hospital –Out-patient	80%	60%	80%	75%
Emergency Room	80%	60%	80%	75%
X-Rays, Laboratory	80%	60%	80%	75%
Adult Wellness/Preventive Services	100%	Not Covered	100%	100%
Maternity – Attending Physician	100%	90%	100%	90%
Maternity – Hospital*; Other Services	80%	60%	80%	75%
Ambulatory Surgical Facility	80%	60%	80%	75%
Cardiac Rehabilitation (outpatient)	80%	60%	80%	75%
Chiropractic Services	80%	60%	80%	75%
Durable Medical Equipment	80%	60%	80%	75%
Home Infusion Therapy*	80%	60%	80%	75%
Hospice Care Services*	80%	60%	80%	75%
Long Term Acute Care Facility*	80%	60%	80%	75%
Mental Health				
Inpatient*	80%	60%	80%	75%
Outpatient	80%	60%	80%	75%
Day Treatment	80%	60%	80%	75%
Partial Hospitalization	80%	60%	80%	75%
Residential Treatment*	80%	60%	80%	75%
Nurse Practitioner	80%	60%	80%	75%
Occupational Therapy	80%	60%	80%	75%
Optometric Services	80%	60%	80%	75%
Organ Transplants*	80%	60%	80%	75%

	In-Area Participants		Out-of-Area Participants	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Physical Therapy	80%	60%	80%	75%
Private Duty and Home Health Nursing Services*	80%	60%	80%	75%
Skilled Nursing Facility*	80%	60%	80%	75%
Sleep Disorders	80%	60%	80%	75%
Speech Therapy	80%	60%	80%	75%
Substance Abuse Inpatient*	80%	60%	80%	75%
Outpatient	80%	60%	80%	75%
Intensified Outpatient Residential Treatment*	80%	60%	80%	75%
Well-Newborn Nursery Care	100%	Not Covered	100%	75%
Well-Child Physician Office Visits	100%	Not Covered	100%	100%
Well-Child Specified Routine Tests	100%	Not Covered	100%	100%
Childhood Routine Immunization	100%	Not Covered	100%	100%

*Services must be certified as medically necessary by ActiveHealth to be covered by the Plan.

Additional Benefits

Coverage for the services listed below is subject to the calendar year deductible of \$1,800 individual/\$3,000 family and the **in-network** coinsurance maximum of \$2,500 individual/ \$5,000 family. These services are not eligible for an out-of-network review.

Benefit	In-Area Participants		Out-of-Area Participants	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Accidental Injury to Natural Teeth	80%	75%	80%	75%
Anesthesia	80%	75%	80%	75%
Podiatry Services	80%	75%	80%	75%
Ambulance	80%	75%	80%	75%
Medical Supplies	80%	75%	80%	75%
Prosthetic and Orthotic Procedures and Devices	80%	75%	80%	75%
TMJ	80%	75%	80%	75%