bac

Schedule of Benefits...

Specially Designed for General Plug & Manufacturing Co.

Effective Date: August 1, 2017

	In-Network	Out-of-Network
Plan Year Deductible *Amount Employee pays before coshare percentages*	Single: $1,000 Family: $2,000	Single: $3,000 Family: $6,000
Coshare Percentage	20% Plan Coshare	50% of Target Prices
Out of Pocket Maximum	Single: $2,500 Family: $5,000	Single: $6,000 Family: $12,000
Inpatient – Hospital Charges	20% Plan Coshare AFTER $400 PER OCCURRENCE DED.	50% of Target Prices AFTER $400 PER OCCURRENCE DED.
Outpatient – Hospital Charges	20% Plan Coshare	50% of Target Prices
Emergency Room Charge *Copay is waived if immediately admitted to the hospital*	20% Plan Coshare $150 Per Visit Copay	20% Plan Coshare $150 Per Visit Copay
Sickness/Injury – Physician Charges – Office Visit	20% Plan Coshare $30 Per Visit Copay	50% of Target Prices 50% of Target Prices
WellCare – Physician Charges – Office Visit	0% Plan Coshare 0% Plan Coshare	50% of Target Prices 50% of Target Prices
Other Covered Expenses *Coshare Example: Supplies, lab & X-ray, Durable Medical Equipment, Injections, etc.*	20% Plan Coshare	50% of Target Prices
Retail Prescription Drug **– 30 Day Supply**	$25/GENERIC $50/PREFERRED $75/NON PREFERRED	40% Plan Coshare All Deductibles Apply
Mail-Order Prescription Drug **– 90 Day Supply**	$50/GENERIC $100/PREFERRED $150/NON PREFERRED	N/A
Care Advocacy Pathway (CAP) *Care Advocacy Pathway is often referred to as Chronic Care or Disease Management*	0% Plan Coshare DEDUCTIBLE WAIVED	0% Plan Coshare DEDUCTIBLE WAIVED

*** This is a summary in outline form of the Benefits. Eligible persons who choose to participate should review the SUMMARY PLAN DESCRIPTION and PLAN DOCUMENT (Benefit Booklet) for information about; participation, benefits, limitations, and exclusions. This is not a contract, policy or guarantee of coverage.***

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Other Coverage Notes:

- Second Surgical Opinion requested by BAC, Hospice, Centers of Excellence, and Pre-Admission Testing recommended by BAC, and Optional Benefits are paid by the Plan at 100%.
- Annual Maximum for all Benefits paid under this plan is Unlimited.
- Deductible waived for Maternity Care (if treatment begins within 1st trimester).
- Chiropractic Services limited to a maximum benefit of 12 visits per year.
- Any additional services in-network in addition to the office visit for sickness/injury will be paid after the deductible at the coshare level.
- The prescription benefit includes Mandatory Mail. Members can get orginal scripts plus two (2) refills at retail. After the second refill, the sript will need to be filled through Caremark Mail Service.
- Lifetime Maximum for Tempomandibular Joint Dysfunction Syndrome (TMJ) is $2,500.
- In-network and out-of-network deductions and coshare are seperate out-of-pocket amounts and do not accumulate toward each other.

Target Prices – are used as the maximum allowable payment for out-of-network (non-participating) providers. The Target Price fee schedule applies to provider procedure codes (called CPT-4's or DRG's) and will cover most charges made by a Provider. The Target fee schedule is 115% of the Medicare reimbursement rate, which means that reimbursement is set at 15% more under this Plan than is paid for providing the same service to a Medicare patient. Any provider charge in excess of the Target Price will not be a covered expense under the terms of this Plan and will be the responsibility of the Covered Person.

If you choose to see an out-of-network Provider, you should ask prior to treatment if he or she will accept Target Price (115% of the Medicare reimbursement) as payment-in-full. If the Provider agrees you will not be responsible for any excess charge. Therefore, it is important that you obtain written verification. If not, you will be responsible for paying the balance of the charges.