

PPO plan quick reference guide

Refer to plan documents for limitations and additional information.

PPO Medical Plan		
Feature	Your network cost	Your out-of-network cost PLUS you pay charges exceeding plan payment
Annual deductible	\$500 individual/\$1,000 family	\$1,000 each person
Coinsurance (after the annual deductible is met)	20% after deductible	40% after deductible
Annual coinsurance maximum	\$2,500 individual/\$5,000 family	No limit
Annual out-of-pocket maximum (OOP)	\$3,000 individual/\$6,000 family Plan pays 100% after annual OOP	No limit
Physician services		
Office visits	\$25 primary care physician (PCP) \$35 specialist (\$25 for tier one PEAQ specialist) ¹	40% after deductible
24/7 Virtual Visits (MDLIVE)	\$0 copay	40% after deductible
Telehealth	\$25 PCP \$35 specialist	40% after deductible
Hospital visits	20% after deductible	40% after deductible
Urgent care visit	\$35 copay	40% after deductible
Preventive care²		
Well-child care	Covered at 100%	40% after deductible
Well-woman exam	Covered at 100%	40% after deductible
Routine screening mammography	Covered at 100%	40% after deductible
Adult health assessments	Covered at 100%	40% after deductible
Immunizations	Covered at 100%	40% after deductible
Screening colonoscopy	Covered at 100%	40% after deductible
Maternity services		
Routine prenatal care	Covered at 100%	40% after deductible
Delivery in hospital	20% after deductible	40% after deductible
Newborn care in hospital (routine)	20% after deductible	40% after deductible
Infertility services: 5 artificial insemination visits (lifetime)	20% after deductible (excludes in vitro and drug coverage)	40% after deductible (excludes in vitro and drug coverage)
Additional services		
Inpatient hospital	20% after deductible	40% after deductible
Outpatient surgery	20% after deductible	40% after deductible
Lab & X-ray outpatient (minor)	Covered at 100% in physician office or network lab or radiological provider	40% after deductible
Hospital emergency care services (treated as network)	\$300 copay + 20% after deductible; copay waived if admitted	\$300 copay + 20% after deductible; copay waived if admitted
Skilled nursing facility	20% after deductible; up to 60 days annually ²	40% after deductible; up to 60 days annually ²
Home health care	20% after deductible; up to 120 visits annually ²	40% after deductible; up to 120 visits annually ²
Allergy care services	\$25 PCP \$35 specialist	40% after deductible
Chiropractic	\$35 copay per visit; maximum 20 visits per year ²	40% after deductible; maximum 20 visits per year ²
Medical supply & equipment (DME)	20% after deductible	40% after deductible
Mental health services		
Outpatient visits	\$25 visit	40% after deductible
Inpatient	20% after deductible	40% after deductible
Serious mental illness	Treated like any other illness	Treated like any other illness
Substance abuse	Treated like any other illness	Treated like any other illness

1. PEAQ refers to Physician Efficiency Appropriateness Quality score.

2. Subject to Affordable Care Act requirements.