

Plan Benefits

Wholeness Plan - 2017

LLUH Base Plan - 2017

	Coverage for LLUH Hospital Services	Coverage at Non-preferred providers	Coverage for LLUH Hospital Services	Coverage at Non-preferred providers
	In Network	Out of Network	In Network	Out of Network
Out-of-pocket Maximum - Medical Co-payments Co-payments for out-of-network services, prescriptions, glasses, contacts, chiropractic care, orthotics/prosthetics, bariatric surgery, infertility treatment, wheelchairs, hearing aids and dental services are not included in the out-of-pocket maximum.	\$3,500 per individual & \$7,000 family	No Limit	\$3,500 per individual & \$7,000 family	No Limit
Out-of-pocket Maximum - Prescription Co-payments	\$3,500 per individual & \$7,000 family	No Coverage	\$3,500 per individual & \$7,000 family	No Coverage
Outpatient Services				
Preventive Care:	100% - No co-pay*	25%	100% - No co-pay*	25%
In Network Office Visit Co-payment:	\$20 co-payment		\$40 co-payment	
In Network "E-visit " (a physician consultation via internet)	\$10 co-payment	N/A	\$20 co-payment	N/A
Out of Network Office Visit:		25%		25%
Lab Services, X-ray & Diagnostic Testing:	100%	25%	100%	25%
Maternity Care - Outpatient Visits	\$200 co-payment	25%	\$400 co-payment	25%
**Infertility treatment - In Vitro Fertilization:	\$2,500 co-payment	No Coverage	No Coverage	No Coverage
Outpatient ER Visit - emergency treatment only	\$200 co-payment	\$200 co-payment	\$250 co-payment	\$250 co-payment
Ambulance - emergency transport only	N/A	\$200 co-payment	N/A	\$250 co-payment
Urgent Care Visit	\$20 co-payment	25%	\$40 co-payment	25%
***Home Care Services - 60 visit limit	100%	25%	100%	25%
***Hospice Services	100%	25%	100%	25%
Professional Counseling	\$20 co-payment	25%	\$40 co-payment	25%
***Physical/Occupational/Speech Therapy	\$20 co-payment	25%	\$40 co-payment	25%
Acupuncture - \$500 limit	N/A	\$20 co-payment	N/A	\$40 co-payment
***Orthotics/Prosthetics - \$10,000 limit	80%	25%	80%	25%
***Rental or Purchase of Medical Equipment & Supplies	80%	25%	80%	25%
Breast Pumps - \$500 limit	N/A	100%	N/A	100%
Hearing Aids - \$3,000 limit, every three years	N/A	80%	N/A	80%
Chiropractic Services - \$500 limit	N/A	50%	N/A	50%
Glasses and Contact lenses - \$200 benefit	80%	80%	80%	80%
*** Inpatient Services/Surgery				
Hospital Services:	100%	25%	100%	25%
Outpatient Surgery Facility Charges:	100%	25%	100%	25%
Maternity Care - Inpatient Services	100%	25%	100%	25%
Professional Fees - Inpatient and OP Surgery:	100%	25%	100%	25%
Skilled Nursing Facility - 60 day limit	100%	100%	100%	100%
** Bariatric Surgery - Facility and Professional Fees:	\$1,500 co-payment	No Coverage	No Coverage	No Coverage
Prescription Drug - Employee Co-payments	LLUH Pharmacies	Other Pharmacies	LLUH Pharmacies	Other Pharmacies
Retail (30-day supply)				
Generic	\$5	\$15	\$10	\$30
Brand	\$30	\$40	\$60	\$80
CVS/Caremark Mail Order Service (90-day supply)				
Generic	N/A	\$10	N/A	\$20
Brand	N/A	\$60	N/A	\$120
Dental Services				
\$1,500 Annual Dental Benefit	Preventive Care	100%	Preventive Care	100%
- Basic & Major Services are subject to a \$50/individual, \$150 family deductible	Basic Services	80%	Basic Services	80%
Orthodontia - \$1,000 lifetime benefit	Major Services	50%	Major Services	50%
		50%		50%
Monthly Employee Plan Contributions	Full-time	Part-time	Full-time	Part-time
Medical				
Single	\$35	\$500	\$80	\$545
Two-party	\$135	\$600	\$225	\$690
Family	\$210	\$675	\$345	\$810
Surcharge for employees who opt out of wellness requirements - \$150 single, \$225 two-party, \$300 family				
Dental				
Single	\$5	\$51.50	\$10	\$56.50
Two-party	\$25	\$71.50	\$35	\$81.50
Family	\$50	\$96.50	\$65	\$111.50

*Limited to specific preventive services

**Subject to coverage criteria, authorization and a 3 year waiting period

***Prior Authorization Required