

Benefits summary:

POS Copay Align

Offering the most coverage available before deductible

This document is intended to be an easy-to-read summary to provide a general overview of your benefits. It is not a contract or legal document. Additional limitations and exclusions may apply to covered services. This plan has a specific network of providers, so check the Provider Directory prior to receiving services. Prior authorizations for certain services may apply. A complete description of benefits is contained in the Certificate of Coverage, Schedule or Agreement as applicable.

Member cost-sharing	Preferred benefits	Alternate benefits
Deductible <i>The amount you pay before we begin to pay.</i>	\$250 individual/\$500 family Deductible costs don't apply towards your coinsurance maximum	\$500 individual/\$1,000 family Deductible costs don't apply towards your coinsurance maximum
Coinsurance <i>Your share of the costs of a covered health care service.</i>	No cost for services after deductible is met, except where noted.	20% coinsurance for services after deductible is met, except where noted.
Coinsurance maximum <i>The most coinsurance cost share you'll pay for covered services in a contract year. Your coinsurance cost share counts toward your out-of-pocket limit.</i>	Not applicable	\$2,500 individual/\$5,000 family
Out-of-pocket limit <i>The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.</i>	\$7,150 individual/\$14,300 family	\$14,300 individual/\$28,600 family
Office visits	Preferred benefits	Alternate benefits
Primary care provider (PCP)	\$20 copayment, deductible doesn't apply	20% coinsurance after deductible
Specialists	\$35 copayment, deductible doesn't apply	20% coinsurance after deductible
Urgent care	\$75 copayment, deductible doesn't apply	20% coinsurance after deductible
Virtual visits <i>24/7 care for non-emergency conditions</i>	\$20 copayment, deductible doesn't apply	Not covered
Allergy testing, serum and injections	Covered in full	20% coinsurance after deductible
Retail health clinic <i>Located in a retail center, like a supermarket or pharmacy and provides care for common illnesses and services (examples: ear aches, sore throats, flu shots)</i>	\$75 copayment, deductible doesn't apply	\$75 copayment after deductible
Mental and behavioral health	Preferred benefits	Alternate benefits
Inpatient hospital	Covered in full after deductible	20% coinsurance after deductible
Outpatient office visits	\$20 copayment, deductible doesn't apply	20% coinsurance after deductible

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Prescription drug coverage		
Visit priorityhealth.com and search Approved Drug list to see a list of covered drugs and pricing information.		
Generic	\$10 copayment, deductible N/A	
Brand	\$40 preferred copayment, \$80 non-preferred copayment, deductible N/A	
Mail Order	Generic: 2x Brand: 2x; deductible N/A	
Specialty	\$80 copayment, deductible N/A	
Preventive care	Preferred benefits	Alternate benefits
Preventive care, immunizations	Covered in full; includes women's preventative health care services, well-child visits, flu shots and routine physical exams. Get the most up-to-date list of all the care that's recommended in our Preventative Health Care Guidelines when you login to your online account at PriorityHealth.com	20% coinsurance after deductible
Laboratory and X-ray	Preferred benefits	Alternate benefits
Radiology	Covered in full after deductible	20% coinsurance after deductible
Advanced imaging (CT/ PET/MRI)	\$150 copayment, deductible doesn't apply	20% coinsurance after deductible
Laboratory	Covered in full after deductible	20% coinsurance after deductible
Emergency services	Preferred benefits	Alternate benefits
Emergency room	\$150 copayment, deductible doesn't apply	\$150 copayment, deductible doesn't apply
Emergency transportation/ ambulance services	\$150 copayment, deductible doesn't apply	\$150 copayment, deductible doesn't apply
Hospital care	Preferred benefits	Alternate benefits
Inpatient hospital physician services	Covered in full after deductible	20% coinsurance after deductible
Surgery and/or facility fee	Covered in full after deductible; exceptions apply	20% coinsurance after deductible; exceptions apply
Bariatric surgery	Covered in full after deductible; covered once per lifetime	20% coinsurance after deductible; covered once per lifetime
Outpatient care	Preferred benefits	Alternate benefits
Skilled nursing services and residential treatment	Covered in full after deductible; Up to 45 days covered per member each contract year	20% coinsurance after deductible; Up to 45 days covered per member each contract year
Outpatient surgery	Covered in full after deductible	20% coinsurance after deductible
In-home and hospice care	Covered in full after deductible	20% coinsurance after deductible
Rehabilitation services and devices	Preferred benefits	Alternate benefits
Physical and occupational therapy (including chiropractic)	\$20 copayment, deductible doesn't apply Combined maximum 60 visits per member per contract year	50% coinsurance after deductible Combined maximum 30 visits per member per contract year
Speech therapy	\$20 copayment, deductible doesn't apply; Combined maximum 60 visits per member per contract year	50% coinsurance after deductible Combined maximum 30 visits per member per contract year
Prosthetic and orthotic support	Covered in full after deductible	50% coinsurance after deductible
Durable medical equipment (DME)	Covered in full after deductible	50% coinsurance after deductible

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Family planning and maternity care	Preferred benefits	Alternate benefits
Family planning	50% coinsurance after deductible	Not covered
Routine prenatal and postpartum care	Covered in full for evaluation and management; see Preventative Health Care Guidelines for recommendations and services after deductible	20% coinsurance after deductible
Maternity delivery and nursery care	Covered in full after deductible	20% coinsurance after deductible
Tubal ligation	Covered in full for physicians services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery	20% coinsurance after deductible
Vasectomy	Covered in full when performed in physician's office or in connection with other surgery	Not covered

Riders	
Durable medical equipment	100% coverage
Prosthetics and orthotics	100% coverage
Rehabilitative medicine	30 additional visits

Additional benefits:



Cost estimator: Calculates specific costs for hundreds of procedures, based on where you're at with your deductible, coinsurance, etc. If a selected procedure is above fair market price, the tool will provide a list of nearby facilities where it's offered at a lower cost.



Travel assistance: If you become ill or injured while traveling more than 100 miles from home, AssistAmerica® coverage is included in your plan. Receive help with medical care, coordinating prescriptions, assistance with lost luggage, and even arrange your travel back home.



Member perks: Earn up to 20% cash back when you purchase digital gift cards from hundreds of local and national retailers - from Amazon to Zappos. Redeem online or at checkout at the store.