

High-Deductible Health Plan (HDHP)

Plan Design & Benefits: provided by Quantum Health

Effective January 1, 2023

PLAN FEATURES	AUGUSTA NETWORK	AETNA NETWORK
Deductible (per calendar year)	\$1,500 Individual \$3,000 Family	\$2,000 Individual \$4,000 Family
<ul style="list-style-type: none"> All covered expenses accumulate toward both the Augusta and Aetna tier Deductible. Pharmacy expenses apply toward the Deductible. Member cost sharing for certain services, as indicated in the plan, are excluded from charges to meet the Deductible. Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year. There is no Individual Deductible to satisfy within the Family Deductible. 		
Member Coinsurance Applies to all expenses unless otherwise stated.	25%	35%
Payment Limit (per plan year)	\$4,000 Individual \$8,000 Family	\$7,000 Individual \$14,000 Family
<ul style="list-style-type: none"> All covered expenses including Deductible and copays accumulate toward both the Augusta and Aetna tier Payment Limit. Pharmacy expenses apply towards the Payment Limit. Certain member cost sharing elements may not apply toward the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, deductibles, and prescription drug copays (except any penalty amounts) may be used to satisfy the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Payment Limit amount. 		
Lifetime Maximum Unlimited except where otherwise indicated.		
Primary Care Physician Selection	Optional	Optional
Certification Requirements <ul style="list-style-type: none"> Certification for certain types of non-preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required. 		
Referral Requirement	None	None
PREVENTIVE CARE	AUGUSTA NETWORK	AETNA NETWORK
Routine Adult Physical Exams/Immunizations 1 exam every 12 months age 22 and over	Covered 100%, deductible waived	Covered 100%, deductible waived
Routine Well Child Exams/Immunizations 7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per year thereafter to age 22.	Covered 100%, deductible waived	Covered 100%, deductible waived
Routine Gynecological Care Exams Includes Pap smear and related lab fees	Covered 100%, deductible waived	Covered 100%, deductible waived
Routine Mammograms Recommended for covered females age 40 and over	Covered 100%, deductible waived	Covered 100%, deductible waived
Women's Health*	Covered 100%, deductible waived	Covered 100%, deductible waived

* Includes: Screening for gestational diabetes, HPV (Human Papillomavirus), DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling, contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.		
Routine Digital Rectal Exam Recommended for covered males age 40 and over	Covered 100%, deductible waived	Covered 100%, deductible waived
Prostate-specific Antigen Test Recommended for covered males age 40 and over	Covered 100%, deductible waived	Covered 100%, deductible waived
Colorectal Cancer Screening Recommended for all members age 50 and over	Covered 100%, deductible waived	Covered 100%, deductible waived
Routine Eye Exams 1 exam per calendar year	Covered 100%, deductible waived	Covered 100%, deductible waived
Routine Hearing Screening	Covered 100%, deductible waived	Covered 100%, deductible waived
PHYSICIAN SERVICES	AUGUSTA NETWORK	AETNA NETWORK
Office Visits to PCP *Pediatric (Tier 1 or Tier 2) providers paid as Tier 1 Includes services of an internist, general physician, family practitioner, or pediatrician	25% after deductible	35% after deductible
Specialist Office Visits *Pediatric Specialties (Tier 1 or Tier 2) paid as Tier 1	25% after deductible	35% after deductible
Routine Hearing Exams 1 routine exam per 12 months	Covered 100%, deductible waived	Covered 100%, deductible waived
Walk-in Clinics**	25% after deductible	35% after deductible
** Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital shall be considered a Walk-In Clinic.		
Pre-natal Maternity	Covered 100%, deductible waived	Covered 100%, deductible waived
Allergy Testing	25% after deductible	25% after deductible
Allergy Injections	25% after deductible	25% after deductible
DIAGNOSTIC PROCEDURES	AUGUSTA NETWORK	AETNA NETWORK
Diagnostic X-ray (other than Complex Imaging Services) If performed as part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing	25% after deductible	35% after deductible
Diagnostic Laboratory If performed as part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing	25% after deductible	35% after deductible
Diagnostic Complex Imaging	25% after deductible	35% after deductible

EMERGENCY MEDICAL CARE	AUGUSTA NETWORK	AETNA NETWORK
Urgent Care Provider (benefit availability may vary by location)	25% after deductible	25% after deductible
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	25% after deductible	35% after deductible
Non-Emergency care in an Emergency Room	Not Covered	Not Covered
Ambulance	25% after deductible	35% after deductible
Non-Emergency Use of Ambulance	Not Covered	Not Covered
HOSPITAL CARE	AUGUSTA NETWORK	AETNA NETWORK
Inpatient Coverage Your cost sharing applies to all covered benefits incurred during your inpatient stay	25% after deductible	35% after deductible
Inpatient Maternity Coverage (includes delivery and post partum care) Your cost sharing applies to all covered benefits incurred during your inpatient stay	25% after deductible	25% after Tier 1 deductible
Outpatient Hospital Expenses Your cost sharing applies to all covered benefits incurred during your outpatient visit	25% after deductible	35% after deductible
Outpatient Surgery – Hospital Your cost sharing applies to all covered benefits incurred during your outpatient visit	25% after deductible	35% after deductible
Outpatient Surgery—Freestanding Facility Your cost sharing applies to all covered benefits incurred during your outpatient visit	25% after deductible	35% after deductible
MENTAL HEALTH SERVICES	AUGUSTA NETWORK	AETNA NETWORK
Inpatient Your cost sharing applies to all covered benefits incurred during your inpatient stay	25% after deductible	35% after deductible
Residential Treatment Facility	25% after deductible	35% after deductible
Outpatient Your cost sharing applies to all covered benefits incurred during your outpatient visit	25% after deductible	25% after Tier 1 deductible
SUBSTANCE ABUSE	AUGUSTA NETWORK	AETNA NETWORK
Inpatient Your cost sharing applies to all covered benefits incurred during your inpatient stay	25% after deductible	35% after deductible
Residential Treatment Facility	25% after deductible	35% after deductible
Outpatient Your cost sharing applies to all covered benefits incurred during your outpatient visit	25% after deductible	25% after deductible

OTHER SERVICES	AUGUSTA NETWORK	AETNA NETWORK
Convalescent Facility Limited to 100 days per calendar year. Your cost sharing applies to all covered benefits incurred during your inpatient stay	25% after deductible	35% after deductible
Home Health Care Limited to 90 visits per calendar year. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.	25% after deductible	35% after deductible
Private Duty Nursing Limited to 70 eight-hour shifts per calendar year. Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.	25% after deductible	35% after deductible
Hospice Care – Inpatient Your cost sharing applies to all covered benefits incurred during your inpatient stay	25% after deductible	35% after deductible
Hospice Care – Outpatient Your cost sharing applies to all covered benefits incurred during your outpatient visit	25% after deductible	35% after deductible
Outpatient Short-Term Rehabilitation Includes Speech, Physical, and Occupational Therapy, limited to a combined maximum of 30 visits per calendar year	25% after deductible	35% after deductible
Spinal Manipulation Therapy Limited to 10 visits per calendar year	25% after deductible	35% after deductible
Durable Medical Equipment	25% after deductible	35% after deductible
Diabetic Supplies (If not covered under pharmacy)	CGM - Instrument & Supplies - 100% Insulin Pump - 100% Test Strips & Lancets - 100% Glucose Meter -75% after deductible	CGM - Instrument & Supplies - 100% Insulin Pump - 100% Test Strips & Lancets - 100% Glucose Meter -75% after Tier deductible
Women’s Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%; deductible waived	Covered 100%; deductible waived
Affordable Care Act mandated Women’s Contraceptives	Covered 100%; deductible waived	Covered 100%; deductible waived
Contraceptive drugs and devices not obtainable at a pharmacy (includes coverage for contraceptive visits)	Covered 100%; deductible waived	Covered 100%; deductible waived
Transplants	NotApplicable	35% after deductible. Preferred coverage is provided at an IOE contracted facility only
Out-of-Area Dependents	Coverage provided at the non-preferred benefit level of the plan	

FAMILY PLANNING	AUGUSTA NETWORK	AETNA NETWORK
Infertility Treatment Diagnosis and treatment of the underlying medical condition	Your cost sharing is based on the type of service and where it is performed	
Comprehensive Infertility	Not Covered	Not Covered
Vasectomy	Your cost sharing is based on the type of service and where it is performed	
Tubal Ligation	Covered 100%; deductible waived	Covered 100%; deductible waived
GENERAL PROVISIONS		
Dependents Eligibility	Spouse, children from birth to end of year in which they turn 26 regardless of student status	