



Hybrid HMO Summary of Benefits New/Renewing Business for NON-Grandfathered Plans

HMO Service Area Requirements: In order to be eligible for one of the HMO plans offered through the Alliance, an employee or subscriber obtaining individual coverage must live or work within the HMO's service area. The HMO plans offered through the Alliance provide the following benefits when medically necessary. Co-pays are due at the time of service. *This is only a summary of benefits; each carrier can give you their actual contract language and definitions of covered benefits, limitations, exclusions and allowable charges. Details of coverage may differ among carriers. All Alliance HMO carriers offer at least these benefits. **Unlimited lifetime maximum benefit.** Mental Health Services are covered the same as any other benefit.*

<p>Annual Calendar Year Deductible</p> <ul style="list-style-type: none"> • Individual • Family <p>Annual Out-of-Pocket Maximum*</p> <ul style="list-style-type: none"> • Individual • Family • <p>Coinsurance (Paid by member- individual and Family)</p> <p>*Only member copays (excluding prescription drug copays) and percent coinsurance apply towards the Out-of-Pocket Maximum for this HMO Hybrid plan. Once member reaches OOP maximum, plan pays 100% covered services for the remainder of the calendar year, except for prescription drug copays.</p>	<p>\$1,000 \$3,000</p> <p>\$5,000 (including Deductible) \$12,000 (including Deductible)</p> <p>20%</p>
<p>Physician's Non-routine/preventive care including:</p> <ul style="list-style-type: none"> • Primary Care • Specialist and Consultant Care • Urgent Care Facility • Outpatient Mental Health Services (provided by a designated specialist) • Chemotherapy, Radiation Therapy, Dialysis • Specialty Pharmaceuticals (injections administered in physician's office) 	<p>\$35 Co-payment for each visit to a Participating Primary Care Physician and \$50 for each visit to a Participating Specialist Physician. No limit to the number of visits per calendar year. A referral is no longer needed from your Primary Care physician to see a Participating Specialist Physician.</p> <p>\$50 Copay. 35 Co-Payment per visit</p> <p>Subject to deductible and 20% coinsurance. Fees vary by HMO carrier in accordance with each carrier's commercial plan.</p>
<p>Physician's Routine/preventive care including:</p> <ul style="list-style-type: none"> • Preventative Care <i>including lab and x-rays; screening mammograms and pap smears</i> • Well-Child Care 	<p>No copayment</p>
<p>Diagnostic Laboratory Tests & X-ray Examinations Routine Immunizations and Injections</p>	<p>Subject to deductible and 20% coinsurance. Included in Office Visit Copay</p>
<p>Care in a Participating Hospital including room and board (private room only when ordered by a Participating Physician), intensive care, coronary care, cardiac surgery, dialysis, radiation therapy, cathode ray scanning and other inpatient hospital charges such as operating room, drugs, x-ray, lab, supplies and short-term rehabilitation. Inpatient Mental Health services (provided in a designated Participating Hospital).</p> <p>Physician's and Surgeon's Care Blood and blood derivatives</p>	<p>Subject to deductible and 20% coinsurance.</p> <p>Subject to deductible and 20% coinsurance. Subject to deductible and 20% coinsurance.</p>
<p>Outpatient Hospital Services not including services received in the Emergency Room Chemotherapy, Radiation Therapy, Dialysis Specialty Pharmaceuticals (administered in outpatient hospital)</p>	<p>Subject to deductible and 20% coinsurance.</p> <p>Fees vary by HMO carrier in accordance with each carrier's commercial</p>

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	plan.
Maternity Care Physician's care of mother before, during and six weeks after delivery; physician's hospital care of mother. No waiting period. Newborns are covered from birth, provided proper notification is submitted on a timely basis. Includes emergency air transportation when the life of the mother or infant is in danger.	You pay \$35 each office visit. You pay nothing for physician's hospital care. Regular hospital benefits and co-pays apply for hospital stay.
Family Planning Services Contraceptive counseling; IUDs provided when indicated. Sterilization procedures and initial studies, diagnostic procedures and services for infertility as determined necessary by a Participating Physician.	\$35 office co-pay. \$50 Specialist Copay Plan covers 50% of all costs including hospital, after co-pay.
Short-Term Rehabilitation & Therapy Services, Inpatient & Outpatient Physical and Occupational Therapy Inpatient Outpatient Cardiac and Pulmonary Rehabilitation Speech and Hearing Therapy	Same as inpatient hospital Same as Specialist Physician \$50 per visit with 2 month maximum Subject to deductible and 20% coinsurance with 2 month maximum
Health Promotion Classes/information varies by company, can include but is not limited to nutrition, weight control, smoking cessation, CPR.	Fees vary by HMO carrier In accordance with each carrier's commercial plan.
Skilled Nursing Facility Care	Subject to deductible and 20% coinsurance - up to 30 days per calendar year.
Organ Transplant of cornea, kidney and bone marrow for certain conditions.	Hospital co-pay applies.
In-Plan Emergency Care for non life-threatening emergencies, call your primary care doctor for instructions.	\$150 co-pay; then plan pays 100% of usual, customary and reasonable charges.
Out-of-Plan Emergency Care by non-plan physicians or providers. Worldwide emergency health coverage. Necessary medical services to Members requiring immediate treatment while temporarily outside the Service Area.	\$150 co-pay; then plan pays 100% of usual, customary and reasonable charges for emergency services only. Notify Plan within 48 hours to determine validity and extent of coverage.
Local Ambulance Services when medically indicated.	Plan pays 100% after you pay \$50 co-pay for ground transportation or \$100 co-pay for air transportation.
Hospice 6 months life expectancy. To include respite care.	Inpatient- Subject to deductible and 20% coinsurance. Outpatient no charge. Other benefit specifics in accordance with each carrier's commercial plan.
Home Health Care Medically appropriate health services provided at the home of a Member as prescribed or directed by a Participating Physician.	Subject to deductible and 20% coinsurance.
Alcohol and Drug Addiction or Abuse Services Limited to short-term detoxification on an inpatient or outpatient basis, as determined by a Participating Physician, and related medical conditions.	Outpatient: You pay \$50 each office visit. Inpatient: Subject to deductible and 20% coinsurance.

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Prescription Drugs, Insulin, Diabetic Supplies, Enteral Nutritional Products, Special Medical Foods¹				
Copayments are not applied to out-of-pocket limit. Certain drugs, special medical foods and enteral nutritional products require prior approval or benefits will be denied.		Brand-Name Drug		
		If a generic equivalent is available and you buy the brand-name, you pay:	If there is no generic equivalent available:	
			Tier 2 Formulary¹	Tier 3 Non-formulary¹
	Tier 1 Generic Drug¹			
Retail Pharmacy Program (up to a 30-day supply or 120 units, whichever is less)	\$20	\$20 plus difference in covered charge between brand-name and generic equivalent	\$45	\$75
Mail Order Plan (up to 90-day supply or 360 units, whichever is less)	\$50		\$112.50	\$187.50
Specialty Pharmaceuticals – Tier 4 <i>(injectables or oral/inhalation forms)</i>	20% of medication cost, with minimum \$75 copay and maximum \$400 copay per script			
Nonprescription enteral nutritional products and special medical foods (up to 30-day supply per 30 day period; requires prior approval)	Fees vary by HMO carrier in accordance with each carrier's commercial plan.			
Other Services				
Durable Medical Equipment	Subject to deductible and 50% coinsurance Pre-certification required.			
Acupuncture	Subject to deductible and 20% coinsurance. Limited to 20 visits per member per calendar year.			
Autism Spectrum Disorders (max. \$36,000 each calendar year for applied behavioral analysis when part of a preauthorized treatment plan; covered services include preauthorized physical, speech, and occupational therapy) \$200,000 per member lifetime maximum (combined in and out of network).	Usual copays or coinsurance based on place of treatment and type of service			
Chiropractic	Subject to deductible and 20% coinsurance. Limited to 10 visits per member per calendar year.			
Prosthetics (\$1500 maximum per calendar year)	Subject to deductible and 50% coinsurance			

¹ Prescription drugs must be purchased at a pharmacy that participates in the Retail Pharmacy or Mail Order Service programs.

HMO Hybrid General Exclusions

- Visual training, eyeglasses, contact lenses
- Dental services except TMJ and craniomandibular disorders covered same as any illness
- Corrective appliances, artificial aids, and durable medical equipment except as provided
- Cosmetic surgery other than breast reconstruction following a mastectomy
- Custodial care, domiciliary care, rest cures
- Organ transplants, except cornea, kidney and bone marrow for certain conditions
- Care for conditions which state or local law require be treated in a public facility
- Care for military service-connected disabilities that a Member is legally entitled to receive from or at the expense of the government
- Services and items not reasonable and necessary for the diagnosis or treatment of an illness or injury, except approved preventive health services
- Experimental medical, surgical or other health care procedures
- Long-term physical or other rehabilitation therapy
- Reversal of voluntarily induced sterility
- Personal comfort items
- Hospital take-home drugs
- Treatment for alcoholism and substance abuse, except short-term detoxification services
- Elective abortions
- Services and items to improve the functioning of a malformed body member or system, unless medically necessary

The above is only a general description. Details of coverage differ among HMO's. The specific terms of coverage, exclusions and limitations are contained in the Evidence of Coverage, Member Handbook or Certificate issued by the individual HMO.