



| Major Medical Option | EPO- Comparable to HMO Plan | |
|--|--|----------------------------|
| | In-Network | Out-of-Network |
| Calendar Year Annual Deductible -Individual -Family | \$900 per person \$2,700 per family | No Coverage |
| Coinsurance | 80% after deductible | No Coverage |
| Out-of -Pocket Calendar Year Maximum -Individual -Family | \$3,000 per person \$9,000 per family | No Coverage |
| Lifetime Maximum | \$2,000,000 | No Coverage |
| Physician Office Visits <ul style="list-style-type: none"> • Primary Care physician office visit • X-ray and lab work performed in physicians office • Periodic health examinations | \$30 copayment | No Coverage |
| Specialist Office Visit <ul style="list-style-type: none"> • Annual gynecology exam • Specialty physician office visit • Second surgical opinion | \$50 copayment | No Coverage |
| Maternity Services <ul style="list-style-type: none"> • Prenatal office visit • Delivery | \$50 copay at first office visit 80% after deductible | No Coverage No Coverage |
| Emergency Room Services <ul style="list-style-type: none"> • Life Threatening • Non-Emergency | \$200 copay, waived if admitted | No Coverage |
| Hospital Confinement Deductible | \$600 per admission | No Coverage |
| Inpatient Hospital Services <ul style="list-style-type: none"> • Semi-private room and board • ICU/CCU charges • General nursing care • Lab and x-ray services | 80% after deductible | No Coverage |
| Outpatient Services <ul style="list-style-type: none"> • Physician services • Facility charges • Therapy services | 80% after deductible | No Coverage |
| Mental Health/Substance Abuse <ul style="list-style-type: none"> • Inpatient (30-days/calendar year) | \$600 per admission copay, 80% after deductible | No Coverage |
| <ul style="list-style-type: none"> • Outpatient (20-visits/calendar year) | 80% after deductible | No Coverage |
| Prescription Drugs <ul style="list-style-type: none"> • Mandatory Generic • Preferred Brand-Name • Non-Preferred Brand-Name | \$30 copay \$50 copay \$75 copay | No Coverage |
| Mandatory Maintenance Drug Mail Order Pharmacy <ul style="list-style-type: none"> • Generic • Preferred Brand-Name • Non-Preferred Brand-Name See enclosed Mandatory Step Therapy Program Information | \$75 copay \$125 copay \$188 copay | No Coverage |
| Basic Term Life Insurance & AD&D | \$10,000 employee only | No Coverage |

The information provided herein is intended to be a summary of the benefit plan. Please refer to the full Summary Plan Description or contact Health+ for more detailed information. In the event of any discrepancy between this summary and the Plan Document or contract, the latter will prevail.

****Massachusetts Residents –Copays over \$100 go toward out-of-pocket maximum****

Pre-existing conditions apply. If an employee has had coverage for 12 continuous months, a credible certificate of health insurance coverage must be submitted to plan administrators to waive the Pre-existing condition limitation.

All employee contributions will be automatically made on a pre-tax basis; renewal date of the program will be May 1st

Health+ · 1201 Roberts Blvd., Suite 110 · Kennesaw, GA 30144 · Phone: 678-797-5161 · Fax: 678-797-5171



| Mandatory Prescription Drug Step Therapy Program for Health+ Major Medical Plans | | |
|--|---|----------------|
| Benefits | In-Network | Out-of-Network |
| <i>Cost Management Program</i> | | |
| <i>No Cost: Step Therapy</i> | | |
| High Blood Pressure | | |
| Level of Intervention | A generic or preferred drug can be used without requiring prior authorization approval. Non preferred drugs will require clinical review and approval from the prescribing physician. | |
| Grace Period | 60 days | |
| First-Fill Pay & Educate | Yes, for 30 days | |
| Stomach Acid | | |
| Level of Intervention | A generic or preferred drug can be used without requiring prior authorization approval. Non preferred drugs will require clinical review and approval from the prescribing physician. | |
| Grace Period | 60 days | |
| First-Fill Pay & Educate | Yes, for 30 days | |
| High Cholesterol | | |
| Level of Intervention | A generic or preferred drug can be used without requiring prior authorization approval. Non preferred drugs will require clinical review and approval from the prescribing physician. | |
| Grace Period | 60 days | |
| First-Fill Pay & Educate | Yes, for 30 days | |

All employee contributions will be automatically made on a pre-tax basis; renewal date of the program will be May 1st

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