



Major Medical Option	High Deductible Health Plan	
	In-Network	Out-of-Network
Benefits		
Calendar Year Annual Deductible -Individual (single coverage contracts) -Family (contracts covering two or more individuals) For a family contract, all eligible family members share one combined deductible	\$2,000 per person \$4,000 per family	\$6,000 per person \$12,000 per family
Coinsurance	Plan pays 80%	Plan pays 50%
Out-of-Pocket Calendar Year Maximum -Individual -Family Includes the Calendar Year Deductible. Amount satisfied toward the Out-of-Network Out-of-Pocket max will also be applied toward the In-Network Out-of-Pocket max. Amount satisfied toward the In-Network Out-of-Pocket max will not be applied toward the Out-of-Network Out-of-Pocket.	\$4,000 per person \$8,000 per family	\$12,000 per person \$24,000 per family
Lifetime Maximum	\$5,000,000	\$5,000,000
Covered Services	In-Network	Out-of-Network
Preventive Care Well-child care, immunizations Deductible waived through age 5	Plan pays 80%	Plan pays 50%
Preventive care, adults Not subject to deductible, up to \$500 paid	Plan pays 80%	Plan pays 50%
Periodic health assessment Illness or injury Preferred physician office visit Including diagnostic x-ray and lab services performed in physician's office	Plan pays 80%	Plan pays 50%
Surgery in physician's office Allergy care Includes testing, serum, and shots	Plan pays 80%	Plan pays 50%
Maternity physician services Includes prenatal, delivery, postpartum	Plan pays 80%	Plan pays 50%
Emergency Room Services Life threatening illness or serious accidental injury	Plan pays 80%	Plan pays 80%
Non-emergency Use of Emergency Room	Plan pays 80%	Plan pays 50%
Hospital Inpatient Services - Pre-authorized certification is required Daily room, board and general care at semi-private room rate -ICU/CCU charges -Newborn nursery care -Other medically necessary hospital charges such as diagnostic X-ray and lab services	Plan pays 80%	Plan pays 50%
Physician Surgeon, anesthesiologist, radiologist, pathologist, etc.	Plan pays 80%	Plan pays 50%
Outpatient Services Facility/hospital charges Including diagnostic X-ray and lab services	Plan pays 80%	Plan pays 50%
Physician Surgeon, anesthesiologist, radiologist, pathologist, etc.	Plan pays 80%	Plan pays 50%
Mental Health/Substance Abuse - Visit limits are combined in-network and out-of-network		
Inpatient Days per calendar year	Plan pays 80% 30 visits	Plan pays 50% 30 visits
Outpatient Days per calendar year	Plan pays 80% 20 visits	Plan pays 50% 20 visits
Pharmacy Mandatory Generic Prescription Drugs	Plan Pays 80%	Plan Pays 50%
Mandatory Maintenance Drug Mail Order Pharmacy	Maintenance medications must be mailed directly to your home when mail order services are available. Up to a 90 day supply of the prescription is available for 20% member coinsurance after deductible. In-Network only.	
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.		

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	

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