



Major Medical Options	OAP 750		OAP 500	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Annual Deductible	\$750 per person	\$2,250 per person	\$500 per person	\$1,500 per person
Combined in-and out-of-network	\$2,250 per family	\$6,750 per family	\$1,500 per family	\$4,500 per family
Coinsurance	80% after deductible	50% after deductible	90% after deductible	50% after deductible
Out-of-Pocket Maximum				
• Individual	\$3,000 per person	\$9,000 per person	\$2,000 per person	\$6,000 per person
• Family	\$9,000 per family	\$27,000 per family	\$6,000 per family	\$18,000 per family
Lifetime Maximum				
Combined in-and out-of-network	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Physician Office Visits				
• Primary care physician office visit	\$30 copayment	50% after deductible	\$20 copayment	50% after deductible
• X-ray and lab work performed in physicians office				
• Periodic health examinations				
Specialist Office Visit				
• Annual gynecology exam	\$50 copayment	50% after deductible	\$40 copayment	50% after deductible
• Specialty physician office visit				
• Consultant & referral services				
Maternity Services				
• Office Visits	\$50 copay at first office visit	50% after deductible	\$40 copay at first office visit	50% after deductible
• Delivery	80% after deductible	50% after deductible	90% after deductible	50% after deductible
Emergency Room Services	\$200 per visit copay, no charge after deductible copay waived if admitted	\$200 per visit copay, no charge after deductible, if not true emergency, then 50% after deductible	\$200 per visit copay, no charge after deductible copay waived if admitted	\$200 per visit copay, no charge after deductible, if not true emergency, then 50% after deductible
Hospital Confinement Deductible	\$600 per admission	\$600 per admission	\$400 per admission	\$400 per admission
Inpatient Hospital Services				
• Semi-private room and board	80% after deductibles	50% after deductibles	90% after deductibles	50% after deductibles
• ICU/CCU charges				
• General nursing care				
• Lab and x-ray services				
Outpatient Services				
• Physician services	80% after deductible	50% after deductible	90% after deductible	50% after deductible
• Facility charges				
Outpatient Rehabilitative Therapy	No charge after office visit copay 90 days combined max/calendar year	50% after deductible	No charge after office visit copay 90 days combined max/calendar year	50% after deductible
Mental Health/Substance Abuse				
• Inpatient (30-days/calendar year)	\$600 per admission copay, 80% after deductible	\$600 per admission copay, 50% after deductible	\$400 per admission copay, 90% after deductible	\$400 per admission copay, 50% after deductible
• Outpatient (20-visit/calendar year)	80% after deductible	50% after deductible	90% after deductible	50% after deductible
Prescription Drugs		(Reimbursement)		(Reimbursement)
• Mandatory Generic	\$25 copay	50% member coinsurance	\$20 copay	50% member coinsurance
• Preferred Brand-Name	\$40 copay		\$35 copay	
• Non-Preferred Brand-Name	\$55 copay		\$50 copay	
See enclosed Mandatory Step Therapy Program Information				
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 (2.5) times the retail copay. In-Network only.			
Basic Term Life Insurance & AD&D	\$10,000 employee only	\$10,000 employee only	\$10,000 employee only	\$10,000 employee 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.

****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

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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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