



Health Advantage

An Independent Licensee of the Blue Cross and Blue Shield Association

City of Conway High Option Plan BlueChoice Point of Service Schedule of Benefits

This Schedule of Benefits is part of the Evidence of Coverage, Form 31-05 and is subject to all benefit terms, conditions, limitations, and exclusions contained therein.

Lifetime Maximum – per Member (all services)	Unlimited		
Dependent Age	26		
	In-Network		Out-of-Network
Deductible - Individual		\$500	\$1,500
Deductible – Family		\$1,000	\$3,000
COVERED BENEFITS AND SERVICES	Copayment	Coinsurance	Coinsurance
Annual Coinsurance Limit - Individual		\$2,000	\$8,000
Annual Coinsurance Limit - Family		\$4,000	\$16,000
Professional Services			
Primary Care Physician (PCP) Visits	\$20		40% after Ded
Specialist Office Visit (consultation/evaluation only)	\$20		40% after Ded
Services and procedures provided in the Specialist office other than consultation and evaluation		0%	
Preventive Health Services			
Immunizations (by PCP)	\$0		\$0
Well Baby Care -through 12 months of age (by PCP)	\$0		40% after Ded
Well Baby Exam - over 12 months of age (by PCP)	\$0		40% after Ded
Physical Exams - Adults (by PCP)	\$0		40% after Ded
Annual Routine Gynecological visit (PCP or GYN)	\$0		40% after Ded
Mammogram and Pap Smear, PSA	\$0		40% after Ded
Routine Vision Exam (Specialist) (One visit per Member every 2 Years)	\$0		40% after Ded
Bone Density	\$0		40% after Ded
Allergy Services			
Services provided by the PCP	\$20		40% after Ded
Services provided by the Specialist	\$20		40% after Ded
Hospital Services			
Inpatient Services -Semi-private room.		20% after Ded	40% after Ded
Outpatient Hospital Services		20% after Ded	40% after Ded
Outpatient Surgical Services	\$0	20% after Ded	40% after Ded
Emergency Care Services***	\$100 Copayment plus 20% Coinsurance		
Emergency Room/Urgent Care Center	(Coverage is the same for		
Observation Services	In-Network and Out-of-Network)		
*** Emergency Care Copayment waived if Member is admitted directly to the same Hospital.			
Ambulance Services [(Ground - limited to \$1000 / trip; Air – limited to \$5000 / trip (one trip per contract year))]		50%	50%
Ambulatory Surgery Centers (facility Copayment applies)	\$0	20% after Ded	40% after Ded
Outpatient Diagnostic Services			
Diagnostic Services - Lab and X-ray (Services and procedures performed outside PCP office)	Applicable Copayment	20% after Ded	40% after Ded
Advanced Diagnostic Imaging Services MUST be Prior Approved by Health Advantage			
Advanced Diagnostic Imaging – CT Scan, PET Scan, MRI/MRA, Nuclear Cardiology	Applicable Copayment	20% after Ded	40% after Ded

COVERED BENEFITS AND SERVICES (CONT)	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance
Maternity and Family Planning Services*			
Prenatal and Postnatal outpatient care (Office visit Copayment may apply first visit only)	Applicable Copayment	20% after Ded	40% after Ded
Inpatient Maternity Services (Subject to all Inpatient Deductible and Coinsurance)		20% after Ded	40% after Ded
Infertility Counseling and Infertility Testing (refer to EOC)	50%		Not Covered
Infertility Treatment not covered			
*Out-of-Network Newborn coverage limited to \$2000 per Member for all services (first 90 days of birth)			
Therapy Services			
Inpatient Rehabilitation Services (Limited to 60 days per member per Contract Year and subject to Inpatient Hospital Deductible and Coinsurance)		20% after Ded	Not Covered
Outpatient Rehabilitation Services: Physical, Occupational, and Speech Therapy; and Chiropractic Services (Limited to 30 aggregate visits per Member per Contract Year)	\$20	20%	Not Covered
Cardiac Rehabilitation (limited to 36 visits per Member per Contract Year)	\$20	20%	Not Covered
Mental Illness and Substance Abuse Services			
Inpatient Hospital* Inpatient Services -Semi-private room.		20% after Ded	40% after Ded
Partial Hospitalization*		20% after Ded	40% after Ded
Outpatient**(consultation/evaluation only)	\$20		40% after Ded
Outpatient** Services and procedures provided in the Specialist office other than consultation and evaluation		0%	
*(Must be Prior Approved by Health Advantage)			
** (Must be Prior Approved by Health Advantage beyond the 8th visit)			
Durable Medical Equipment (DME) and Medical Supplies	50%		50% after Ded
Prosthetic and Orthotic Devices and Services		20% after Ded	40% after Ded
Neurologic Rehabilitation Facility Services		20% after Ded	40% after Ded
Diabetes Management Services			
Diabetic Supplies, shoes (per Medicare guidelines) and equipment	20%		40% after Ded
Diabetic Self Management Training Single visit or Multiple visits	\$0 per program		40% after Ded
Skilled Nursing Facility (Limited to 60 Days Per Member Per Contract Year)		20% after Ded	40% after Ded
Home Health Services (Limited to 50 visits per Member per Contract Year)		20% after Ded	40% after Ded
Hospice Care (Must be approved by Health Advantage)		20% after Ded	Not Covered
Dental Care Services			
Damage to non-diseased teeth due to accident (Subject to \$2,000 maximum per Member per accident)	Applicable Copayment	20% after Ded	40% after Ded
Reconstructive Surgery			
Correct defects due to Accident or Surgery. (Refer to EOC) Children age 12 years and under for specific conditions. (Defects that could have been corrected prior to coverage are not covered)	Applicable Copayment	20% after Ded and Copayment	Not Covered
COVERED BENEFITS AND SERVICES (CONT)	In-Network	In-Network	Out-of-Network

HMOP Schedule of Benefits
Form #: 32-05-A MHP R8/10

(City of Conway High Option 1/2012)

Open Access POS Plan PX

www.healthadvantage-hmo.com **Important Grandfather Status Notice Attached**

	Copayment	Coinsurance	Coinsurance
Breast Mammoplasty (prior approval required)	50%		Not Covered
Medications			
Hospital or Ambulatory Surgical Center	Applicable Copayment	20% after Ded	40% after Ded
Physician's Office	Applicable Copayment	20% after Copayment	40% after Ded
Retail Pharmacy (Drug Store) <i>(Not Covered unless Employer purchases retail drug benefit rider from Health Advantage)</i>	\$7/25/50		
Home Infusion Therapy Pharmacy - Injectable Medications	(Contact Customer Service)	(Contact Customer Service)	(Contact Customer Service)
Organ Transplant Services (Approved by Health Advantage)		20% after Ded	Not Covered
Medical Foods and Low Protein Modified Food Products (Only covered in connection with specific diagnoses. See Subsection 3.24)	Applicable Copayment	20% after Ded	40% after Ded
Complications of Smallpox Vaccine	Applicable Copayment	20% after Ded	40% after Ded
Miscellaneous Health Interventions specified in Subsection 3.28	Applicable Copayment	20% after Ded	40% after Ded

Twelve months Preexisting Condition Limitation applicable to new enrollees and dependents over the age of 18

NOTE: Some In-Network Services for which the Member has a Coinsurance responsibility are subject to the In-Network Deductible. Out-of-Network Deductible, Copayment and Coinsurance amounts do not apply to the In-Network Deductible or Annual Coinsurance Limit. Expenses incurred for services that exceed specific benefit limits are not applied to the Annual Coinsurance Limit. No referral is necessary for In-Network services or Emergency Care.

To receive services at the In-Network benefit level from Out-of-Network providers, services must be arranged by an In-Network Provider and authorized by Health Advantage. The Member is responsible for difference between billed charges and the Allowance or Allowable Charges for services covered at the Out-of-Network benefit level.

All Covered Services are subject to the Health Advantage Allowance or Allowable Charge.

**Health Advantage
Grandfathered Health Plan
Notice**

Health Advantage believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Health Advantage at 1-800-843-1329. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.