

2019 Coverage for Frequently Used Services

BENEFITS	ALLIANCE PRIME		ALLIANCE FLEX			ALLIANCE SAVE			ALLIANCE OUT OF AREA				
	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK		RSFH HEALTH ALLIANCE NETWORK	BLUECROSS NETWORK	
	RSFH-OWNED	RSFH-AFFILIATE	RSFH-OWNED	RSFH-AFFILIATE		RSFH-OWNED	RSFH-AFFILIATE			RSFH-PHYSICIAN PARTNERS	AFFILIATED PROVIDERS		
Calendar Year Deductible	\$500/individual \$1,000/family		\$1,000/individual \$2,000/family		\$2,000/individual \$4,000/family	\$1,750/individual \$3,500/family		\$2,500/individual \$5,000/family	\$5,000/individual \$10,000/family		\$500/individual \$1,000/family		\$500/individual \$1,000/family
Out-of-Pocket Maximum <i>(includes deductible)</i>	\$3,000/individual \$6,000/family		\$2,750/individual \$5,500/family		\$3,500/individual \$7,000/family	\$3,500/individual \$7,000/family		\$5,000/individual \$10,000/family	Unlimited		\$3,000/individual \$6,000/family		\$3,000/individual \$6,000/family
Cross Application	Not applicable		Deductibles and Out-of-Pocket Maximums cross apply to RSFH Health Alliance Network and BlueCross Network			Deductibles and Out-of-Pocket Maximums cross apply to RSFH Health Alliance Network and BlueCross Network			Not Applicable		Deductibles and Out-of-Pocket Maximums cross apply to RSFH Health Alliance Network and BlueCross Network		
Primary Care Doctor Office Visits <i>(PCP)</i>	\$20 co-pay		\$20 co-pay		\$30 co-pay	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible		\$20 co-pay		\$30 co-pay
Virtual Visits	\$20 co-pay		\$20 co-pay		\$20 co-pay	Pay 20% after deductible		Pay 20% after deductible	Not applicable		\$20 co-pay		
Specialty Care Doctor Office Visits	\$60 co-pay		\$60 co-pay		\$70 co-pay	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible		\$60 co-pay		\$70 co-pay
Coinsurance Paid by You	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible		you pay 20% after deductible		you pay 25% after deductible
PREVENTIVE CARE	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Routine Physicals	100% covered		100% covered		100% covered	100% covered		100% covered	Pay 50% after deductible		100% covered		
Well-Child Visits	100% covered		100% covered		Pay 50% after deductible	100% covered		Pay 30% after deductible	Pay 50% after deductible		100% covered		
Weight Loss	100% covered up to \$600		100% covered up to \$600		Pay 50% after deductible	100% covered up to \$600		Pay 30% after deductible	Pay 50% after deductible		100% covered up to \$600		
Mammograms	100% covered (all deemed preventive)	Pay 50% after deductible	100% covered (all deemed preventive)	Pay 50% after deductible	Pay 50% after deductible	100% covered (all deemed preventive)	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible		RSFH-owned: 100% covered (all deemed preventive)	RSFH-affiliate: you pay 50% after deductible	you pay 50% after deductible
Annual Well-Woman Visit	100% covered		100% covered		100% covered	100% covered		100% covered	Pay 50% after deductible		100% covered		
Other Gynecological Exams	\$20 co-pay		\$20 co-pay		\$30 co-pay	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible		\$20 co-pay		
Colonoscopy	100% covered (all deemed preventive)	Pay 50% after deductible	100% covered (all deemed preventive)	Pay 50% after deductible	Pay 50% after deductible	100% covered (all deemed preventive)	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible		RSFH-owned: 100% covered (all deemed preventive)	RSFH-affiliate: you pay 50% after deductible	you pay 50% after deductible
BEHAVIORAL HEALTH	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Inpatient/Outpatient	Pay 20% after deductible		Pay 20% after deductible			Pay 20% after deductible			Pay 50% after deductible		you pay 20% after deductible		
Office	Primary Care: \$20 co-pay Specialist: \$60 co-pay		Primary Care: \$20 co-pay Specialist: \$60 co-pay		Primary Care: \$30 co-pay Specialist: \$70 co-pay	Pay 20% after deductible			Pay 50% after deductible		Primary Care: \$20 co-pay Specialist: \$60 co-pay		Primary Care: \$30 co-pay Specialist: \$70 co-pay
HOSPITAL CHARGES <i>(inpatient and outpatient)</i>	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Hospital Facility Charges	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible		you pay 20% after deductible		you pay 25% after deductible
Physician Charges	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible		you pay 20% after deductible		you pay 25% after deductible
EXPRESS, AFTER HOURS, URGENT CARE & EMERGENCY CARE	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Express Care, After Hours, Urgent Care Facilities	\$20 co-pay	\$60 co-pay	\$20 co-pay	\$60 co-pay	\$60 co-pay	Pay 20% after deductible		Pay 20% after deductible	Pay 20% after deductible		\$20 co-pay	\$60 co-pay	\$60 co-pay
Emergency Room <i>(copay waived if admitted)</i>	\$250 co-pay		\$250 co-pay		\$250 co-pay	Pay 20% after deductible		Pay 20% after deductible	Pay 20% after deductible		\$250 co-pay		\$250 co-pay
Ambulance	Pay 20% after deductible		Pay 20% after deductible		Pay 20% after deductible	Pay 20% after deductible		Pay 20% after deductible	Pay 20% after deductible		you pay 20% after deductible		you pay 20% after deductible
OUTPATIENT SERVICES	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Outpatient Routine Radiology <i>(x-ray)</i>	\$50 co-pay	Pay 50% after deductible	\$50 co-pay	Pay 50% after deductible	Pay 50% after deductible	Pay 20% after deductible	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible		RSFH-Owned: \$50 co-pay	\$75 co-pay	\$75 co-pay
Outpatient Specialty Radiology <i>(MRI, PET, CT)</i>	\$100 co-pay	Pay 50% after deductible	\$100 co-pay	Pay 50% after deductible	Pay 50% after deductible	Pay 20% after deductible	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible		RSFH-Owned: \$100 co-pay	\$150 co-pay	\$150 co-pay
Outpatient Laboratory	\$20 co-pay	Pay 50% after deductible	\$20 co-pay	Pay 50% after deductible	Pay 50% after deductible	Pay 20% after deductible	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible		RSFH-Owned: \$20 co-pay	\$20 co-pay	\$20 co-pay
Outpatient Surgery <i>(facility)</i>	Pay 20% after deductible	Pay 50% after deductible	Pay 20% after deductible	Pay 50% after deductible	Pay 50% after deductible	Pay 20% after deductible	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible		RSFH-Owned: you pay 20% after deductible	RSFH-affiliated: you pay 25% after deductible	you pay 25% after deductible
Outpatient Surgery <i>(physician/surgeon)</i>	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible		you pay 20% after deductible		you pay 25% after deductible
Outpatient Dialysis	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible	Pay 20% after deductible		Pay 30% after deductible	No benefit		you pay 20% after deductible		you pay 25% after deductible
Outpatient Chemotherapy	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible		you pay 20% after deductible		you pay 25% after deductible
Bariatric Surgery	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible	Pay 20% after deductible		Pay 30% after deductible	No benefit		you pay 20% after deductible		you pay 25% after deductible
OTHER SERVICES	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Therapy Services <i>(Physical, Speech, Occupational)</i> <i>Limited to 40 visits combined all network tiers per person per year</i>	\$60 co-pay per condition		\$60 co-pay per condition		\$70 co-pay per condition	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible		\$50 co-pay per condition Limited to 40 visits combined per covered person per year		\$60 co-pay per condition Limited to 40 visits combined per covered person per year
Durable Medical Equipment	Pay 20% after deductible		Pay 20% after deductible			Pay 20% after deductible			Pay 50% after deductible (\$3,000 benefit max)		you pay 20% after deductible		
Spinal Manipulations <i>(chiropractic care, massage therapy)</i>	Pay 50% of billed charges limited to a \$1,000 Maximum Payment per Member per Benefit Year		Pay 50% of billed charges Limited to a \$1,000 Maximum Payment per Member per Benefit Year			Pay 50% of billed charges Limited to a \$1,000 Maximum Payment per Member per Benefit Year			Pay 50% of billed charges		you pay 50% of billed charges Limited to a \$1,000 Maximum Payment per Member per Benefit Year		
Home Health Care <i>(limited to 100 visits annually)</i>	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible		you pay 20% after deductible		you pay 25% after deductible
Hospice	Pay 20% after deductible		Pay 20% after deductible			Pay 50% after deductible, \$3,000 benefit maximum			Pay 50% after deductible		you pay 20% after deductible		
Organ Transplants and Transplant Evaluations	Pay 20% after deductible		Pay 20% after deductible			Pay 20% after deductible			No benefit		you pay 20% after deductible		
Clinical Trials	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible	Pay 20% after deductible		Pay 20% after deductible	No benefit		you pay 20% after deductible		you pay 25% after deductible
PRESCRIPTION COVERAGE	EXPRESS SCRIPTS – CLAIMS ADMINISTRATOR EXPRESS SCRIPTS MAIL ORDER PHARMACY					EXPRESS SCRIPTS – CLAIMS ADMINISTRATOR EXPRESS SCRIPTS MAIL ORDER PHARMACY							
Prescription Drug Deductible	Not applicable		Not applicable			Included in Medical deductible			Not applicable				
Prescription Drug Out-of-Pocket Maximum	\$1,200 individual/\$2,400 family		\$1,200 individual/\$2,400 family			Included in Medical Out-of-Pocket Maximum			\$1,200 individual/\$2,400 family				
Retail Prescription Drug <i>(Generic/Brand/Non-Preferred Brand)</i>	\$10/\$35/ Pay 40% (\$50 min/\$150 max)		\$10/\$35/ Pay 40% (\$50 min/\$150 max)			Pay 30% after deductible			\$10/\$35/ you pay 40% (\$50 min/\$150 max)				
Mail Prescription Drug <i>(Generic/Brand/Non-Preferred Brand)</i>	\$20/\$87.50/ Pay 40% (\$125 min/\$375 max)		\$20/\$87.50/ Pay 40% (\$125 min/\$375 max)			Pay 30% after deductible			\$20/\$87.50/ you pay 40% (\$125 min/\$375 max)				