

PPO Copay Align

Jackson County

Offering the most coverage available before deductible

This document is intended to be an easy-to-read summary to provide a general overview of your benefits. It is not a contract or legal document. Additional limitations and exclusions may apply to covered services. This plan has a specific network of providers, so check the Provider Directory prior to receiving services. Prior authorizations for certain services may apply. A complete description of benefits is contained in the Certificate of Coverage, Schedule or Agreement as applicable.

Member cost-sharing	In-network benefits	Out-of-network benefits
Deductible <i>The amount you pay before we begin to pay.</i>	\$100 individual/\$200 family Deductible costs don't apply towards your coinsurance maximum.	\$250 individual/\$500 family Deductible costs don't apply towards your coinsurance maximum.
Coinsurance <i>Your share of the costs of a covered health care service.</i>	10% coinsurance for services after deductible is met, except where noted.	50% coinsurance for services after deductible is met, except where noted.
Coinsurance maximum <i>The most coinsurance cost share you'll pay for covered services in a contract year. Your coinsurance cost share counts toward your out-of-pocket limit.</i>	\$2,000 individual/\$4,000 family	\$5,000 individual/\$10,000 family
Out-of-pocket limit <i>The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.</i>	\$6,350 individual/\$12,700 family	\$12,700 individual/\$25,400 family
Office visits	In-network benefits	Out-of-network benefits
Primary care provider (PCP)	\$20 copayment, deductible doesn't apply	50% coinsurance after deductible
Specialists	\$35 copayment, deductible doesn't apply	50% coinsurance after deductible
Urgent care	\$50 copayment, deductible doesn't apply	50% coinsurance after deductible
Virtual Care Services <i>For medical and behavioral health visits</i>	Covered in full	50% coinsurance after deductible
Allergy testing, serum and injections	Covered in full	50% coinsurance after deductible
Retail health clinic <i>Located in a retail center, like a supermarket or pharmacy and provides care for common illnesses and services (examples: ear aches, sore throats, flu shots)</i>	\$50 copayment, deductible doesn't apply	\$50 copayment, deductible doesn't apply
Mental and behavioral health	In-network benefits	Out-of-network benefits
Inpatient hospital	10% coinsurance after deductible	50% coinsurance after deductible
Outpatient office visits	\$20 copayment, deductible doesn't apply	50% coinsurance after deductible

Prescription drug coverage		
Visit priorityhealth.com and search <i>Optimized</i> or <i>Traditional</i> in the Approved Drug list to see coverage and pricing information.		
Formulary	Traditional	
Tier 1	\$10 copayment; deductible N/A	
Tier 2	\$20 copayment; deductible N/A	
Tier 3	\$40 copayment; deductible N/A	
Tier 4	\$20 copayment; deductible N/A	
Tier 5	\$40 copayment; deductible N/A	
Mail Order	Tier 1/2/3 = 2x, deductible N/A	
Preventive care	In-network benefits	Out-of-network benefits
Preventive care, immunizations	Covered in full; includes women's preventative health care services, well-child visits, flu shots and routine physical exams. Get the most up-to-date list of all the care that's recommended in our Preventative Health Care Guidelines when you login to your online account at PriorityHealth.com	50% coinsurance after deductible
Laboratory and X-ray	In-network benefits	Out-of-network benefits
Radiology	10% coinsurance after deductible	50% coinsurance after deductible
Advanced imaging (CT/ PET/MRI)	\$50 copayment, deductible doesn't apply	50% coinsurance after deductible
Laboratory	10% coinsurance after deductible	50% coinsurance after deductible
Emergency services	In-network benefits	Out-of-network benefits
Emergency room	\$100 copayment, deductible doesn't apply	\$100 copayment, deductible doesn't apply
Emergency transportation/ ambulance services	\$50 copayment, deductible doesn't apply	\$50 copayment, deductible doesn't apply
Hospital care	In-network benefits	Out-of-network benefits
Inpatient hospital physician services	10% coinsurance after deductible	50% coinsurance after deductible
Surgery and/or facility fee	10% coinsurance after deductible; exceptions apply	50% coinsurance after deductible; exceptions apply
Bariatric surgery	10% coinsurance after deductible; covered once per lifetime	50% coinsurance after deductible; covered once per lifetime
Outpatient care	In-network benefits	Out-of-network benefits
Skilled nursing services and residential treatment	10% coinsurance after deductible; Up to 120 days covered per member each contract year	50% coinsurance after deductible; Up to 45 days covered per member each contract year
Outpatient surgery	10% coinsurance after deductible	50% coinsurance after deductible
In-home and hospice care	Covered in full after deductible	50% coinsurance after deductible
Rehabilitation services and devices	In-network benefits	Out-of-network benefits
Physical and occupational therapy	\$20 copayment, deductible doesn't apply Maximum 60 visits per member per contract year, combined In and Out of Network	50% coinsurance after deductible Maximum 60 visits per member per contract year, combined In and Out of Network
Chiropractic care	\$20 copayment, deductible doesn't apply Maximum 24 visits per member per contract year, combined In and Out of Network	50% coinsurance after deductible Maximum 24 visits per member per contract year, combined In and Out of Network
Speech therapy	\$20 copayment, deductible doesn't apply; Maximum 60 visits per member per contract year, combined In and Out of Network	50% coinsurance after deductible Maximum 60 visits per member per contract year, combined In and Out of Network
Prosthetic and orthotic support	10% coinsurance after deductible	50% coinsurance after deductible
Durable medical equipment (DME)	10% coinsurance after deductible	50% coinsurance after deductible

Family planning and maternity care	In-network benefits	Out-of-network benefits
Family planning	50% coinsurance after deductible	50% coinsurance after deductible
Routine prenatal and postpartum care	Covered in full for evaluation and management; see Preventative Health Care Guidelines for recommendations and services	50% coinsurance after deductible
Maternity delivery and nursery care	10% coinsurance after deductible	50% coinsurance after deductible
Tubal ligation	Covered in full for physicians services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery	50% coinsurance after deductible
Vasectomy	Covered in full when performed in physician's office or in connection with other surgery	50% coinsurance after deductible

Riders	
Oral and non-oral treatment for sexual dysfunction – matching drug copay	Coverage is limited to the following: injectable, intra-urethral and oral tablets. Prescription must be certified by Priority Health.
Durable medical equipment	90% coverage
Prosthetics and orthotics	90% coverage
Rehabilitative medicine	30 additional visits from the standard 30 visits. Does not include chiropractic visits.
Chiropractic visits	24 visits
Diabetes Supplies	100% coverage
Skilled Nursing Facility	Skilled nursing facility services are covered up to 120 days.
PSA test rider	Covers the PSA (prostate specific antigen) test at 100% coverage; after deductible for HSA. This is a blood test used to screen for prostate cancer.
Early retiree	Covers early retirees who are not yet eligible for Medicare
Surviving Spouse with dependents	Covers a surviving spouse with dependents

Additional benefits:



Cost estimator: Calculates specific costs for hundreds of procedures, based on where you're at with your deductible, coinsurance, etc. If a selected procedure is above fair market price, the tool will provide a list of nearby facilities where it's offered at a lower cost.



Travel assistance: If you become ill or injured while traveling more than 100 miles from home, AssistAmerica® coverage is included in your plan. Receive help with medical care, coordinating prescriptions, assistance with lost luggage, and even arrange your travel back home.