# 2018

# EXCLUSIVE CARE HEALTH PLAN

## SUMMARY OF COVERED BENEFITS (Network Only)

***THIS IS ONLY A BRIEF SUMMARY. PLEASE REFER TO THE SUMMARY PLAN DOCUMENT (SPD) FOR FURTHER EXPLANATION AND HOW TO OBTAIN SERVICES.***

| Choice of Physician | Any Participating Primary Care Physician |
|---|---|
| Deductible – Individual | None |
| Deductible – Family | None |
| Out-of-Pocket Maximum | $1,500/Member, maximum $3,000/Family per Calendar Year |
| Lifetime Maximum Benefit | Unlimited |
| Pre-existing Condition | Fully Covered |
| **Outpatient/Office Visits** | **Coverage Level** |
| Physician Office Visits | 100% after $15 Copay |
| Hospital Clinic Visits | 100% after $15 Copay |
| Immunizations | 100% |
| Maternity Care | 100% |
| Periodic Health Evaluations | 100% |
| Diagnostic X-ray & Lab | 100% |
| Well Baby Care | 100% |
| Well Woman Care | 100% |
| Vision Exams (screening and refraction) | 100% |

**Outpatient Prescription Drugs**

**Prescription Drug Coverage is administered by the Plan's Pharmacy Benefit Manager (PBM)**

Participating Retail Pharmacy
(up to a 30-day supply)

| FORMULARY DRUGS | 1-30 days |
|---|---|
| Generic Drugs | $10 Copay |
| Preferred Brand Name Drugs | $25 Copay |
| Non-Preferred Brand Name Drugs | $50 Copay |

Significant or new therapeutic class drugs: 50% copay

Some formulary and all non-formulary drugs require pre-authorization

Members with Diabetes and Members who use Anti-Hyperlipidemic and antihypertensive drugs receive additional benefits as descried in "Other Benefits".

**If you use Exclusive Care's Rubidoux Pharmacy you can receive up to 3 months (90 days) of medication for only 2 Copays (saving you 1 Copay)**

Exclusive Care Rubidoux Pharmacy

(up to a 90-day supply)

| FORMULARY DRUGS | 1-30 days | 90 days |
|---|---|---|
| Generic Drugs | $10 Copay | $20 Copay |
| Preferred Brand Name Drugs | $25 Copay | $50 Copay |
| Non-Preferred Brand Name Drugs | $50 Copay | $100 Copay |

Significant or new therapeutic class drugs: 50% copay

Some formulary and all non-formulary drugs require pre-authorization.

Members with Diabetes and Members who use Anti-Hyperlipidemic and antihypertensive drugs receive additional benefits as descried in "Other Benefits".

Exclusive Care Rubidoux Pharmacy

**Mail-Order Prescriptions**

(up to a 90-day supply)

| FORMULARY DRUGS | 90 days |
|---|---|
| Generic Drugs | $20 Copay |
| Preferred Brand Name Drugs | $50 Copay |
| Non-Preferred Brand Name Drugs | $100 Copay |

***Mail-Order is available for maintenance medications after the first 30-day prescription trial***

Significant or new therapeutic class drugs: 50% copay

Some formulary and all non-formulary drugs require pre-authorization

Members with Diabetes and Members who use Anti-Hyperlipidemic and antihypertensive drugs receive additional benefits as descried in "Other Benefits".

| Hospital & Emergency Room | |
|---|---|
| Ambulance | 100% |
| Ambulatory Surgical Center | 100% at Network facility only |
| Physician Hospital Visits | 100% |
| Inpatient Hospital Services | $100 per admission at Network or non-Network facilities; non-Network facility coverage for emergency only (services subject to medical review). |
| Outpatient Hospital Services | 100% at Network facility only; non-Network facilities not covered |
| Hospital Emergency Room (Copay waived if admitted) | 100% after $100 copay at both network and non-network ERs. **(services subject to medical review for approval)** |
| Urgent Care/Urgently Needed Services | 100% after $20 Copay at Network or non network facility. (services subject to medical review for approval) |

| Severe Mental Health Treatment | |
|---|---|
| Inpatient Care | $100 per admission at Network or non-Network facilities; non-Network facility coverage for emergency only (services subject to medical review). |
| Outpatient Care | 100% after $15 Copay |
| **Non-Severe Mental Health Treatment** | |
| Inpatient Care | $100 per admission at Network or non-Network facilities; non-Network facility coverage for emergency only (services subject to medical review). |
| Outpatient Care - Individual | 100% after $15 Copay |
| Outpatient Care - Group | 100% after $15 Copay |
| **Substance Abuse Treatment** | |
| Inpatient Care | $100 per admission at Network or non-Network facilities; non-Network facility coverage for emergency only (services subject to medical review). |
| Inpatient Detoxification | $100 per admission at Network or non-Network facilities; non-Network facility coverage for emergency only (services subject to medical review). |
| Outpatient Hospital Services | 100% at Network facility only |
| Outpatient Office Visit | 100% after $15 Copay |
| **Other Benefits** | |
| Allergy Testing & Treatment | 100% after $15 Copay |
| Chiropractic Care | 100% after $15 Copay; benefits limited to 12 visits/Calendar Year |
| Members Requiring Diabetes Care | Pharmacy Copays are waived for all Generic and preferred injectable and oral Anti-Diabetic medications and Diabetic supplies (testing strips, syringes, etc.) |
| Durable Medical Equipment | 50% Copay (services subject to medical review for approval) |
| Members taking Anti-Hyperlipidemic and antihypertensive Drugs | Pharmacy Copays are waived for all Generic and Preferred Brand Name Anti-Hyperlipidemic and antihypertensive drugs |
| Other Medical Equipment (As defined in Section 4: Outpatient Services | 100% |
| Family Planning | |
| Elective Pregnancy Termination | 100% after $50 Copay for 1st trimester; $100 Copay for 2nd trimester; (3rd trimester only covered if pregnancy life threatening to mother) |
| Infertility Services | 50% Copay; up to a maximum of $10,000 lifetime benefit |
| Tubal Ligation | 100% |
| Vasectomy | 100% |

| | |
|---|---|
| Home Health Care | 100% |
| Hospice Care | 100% |
| Physical Therapy | 100% after $15 Copay up to 30 visits/disability within a 90-day period |
| Skilled Nursing Facility | 100% up to 100 days/Disability |
| Hearing Aid Instrument | $3,000/Member; once every 36 months |
| Bariatric Surgery | $100 per admission at Network facility only (services subject to medical review for approval) |

To learn more about what other services available to you, please visit our website at **www.exclusivecare.com**

**"Working to Keep you Healthy!"**

Exclusive Care