2019

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 please visit our websites at:

www.exclusivecare.com

or

www.exclusivecare.com/healthyhighways/