

## Networks (Highlighted boxes represent changes for 2018)

| Tier 1<br>AHC Network  | Tier 2<br>In-Network               | Tier 3<br>Out-of-Network  |
|--|------------------------------------|---|
| <b>AHC Network</b><br>(Adventist HealthCare Facilities, privileged physicians and Adventist Medical Group) | <b>CIGNA Network</b><br>(National) | <b>Out-of-Network</b> <ul style="list-style-type: none"> <li>All providers who are not part of the AHC Network or CIGNA Network.</li> <li>Claims in the Out-of-Network Tier will be payable at the maximum of 250% of the Medicare Plan Fee Schedule.</li> <li>If a provider's fees exceed the fee schedule, you will be responsible for paying any differences.</li> </ul> |

Find Adventist HealthCare and In-Network providers online by logging onto: [https://www.AHC-HealthcareBenefits.com/prv\\_search.asp](https://www.AHC-HealthcareBenefits.com/prv_search.asp)

## Features of Choice PPO 2018 Across Networks

| Deductible and Out-of-Pocket   | AHC   | CIGNA  | Out-of-Network   |
|--|---|--|--|
| Annual Medical Deductible <sup>1</sup>   | N/A   | \$1,250 Individual<br>\$2,500 Family                                       | \$2,000 Individual<br>\$4,000 Family   |
| Annual Medical Coinsurance Out-of-Pocket Maximum (not including copays) <sup>1</sup>     | N/A   | \$3,000 Individual<br>\$6,000 Family                                       | \$5,500 Individual<br>\$11,000 Family  |
| Annual Medical & Rx Out-of-Pocket Maximum (including medical and Rx copays) <sup>1</sup> | \$7,350 Individual<br>\$14,700 Family           | \$7,350 Individual<br>\$14,700 Family                                      | Unlimited  |
| Physician and Professional Services  | AHC   | CIGNA  | Out-of-Network   |
| PCP  | \$25 copay <sup>3</sup>                         | \$30 copay   | 50% of the allowed amount after deductible <sup>4</sup>                                    |
| Specialist   | \$45 copay                                      | \$50 copay   | 50% of the allowed amount after deductible <sup>4</sup>                                    |
| Urgent Care Center <sup>7</sup>  | No charge                                       | \$75 copay <sup>9</sup>  |  |
| Preventive Care  | No charge                                       |  | 50% of the allowed amount after deductible <sup>4</sup>                                    |
| Dietitian  | \$40 copay;<br>up to 4 visits per calendar year |  | 50% of the allowed amount after deductible <sup>4</sup> ; up to 4 visits per calendar year |
| Hospital Facility (includes Acute Rehabilitation Facility)                               | AHC   | CIGNA  | Out-of-Network   |
| In-Patient Facility <sup>5</sup>   | No charge                                       | 20% after \$750 per facility admission copay after deductible <sup>4</sup> | 50% after \$750 per facility admission copay after deductible <sup>4,6</sup>               |
| In-Patient Physician and Professional Services <sup>5</sup>                              | No charge                                       | 20% of the allowed amount after deductible <sup>4</sup>                    | 50% of the allowed amount after deductible <sup>4,6</sup>                                  |
| Out-Patient Facility   | No charge                                       | 20% after \$500 per facility copay after deductible <sup>4</sup>           | 50% after \$500 per facility copay after deductible <sup>4</sup>                           |
| Out-Patient Physician and Professional Services  | No charge                                       | 20% of the allowed amount after deductible <sup>4</sup>                    | 50% of the allowed amount after deductible <sup>4</sup>                                    |
| Emergency Department <sup>5</sup>  | \$175 copay (waived if admitted) <sup>6</sup>   |  |  |
| Lab & Radiology  | No charge                                       |  | 50% of the allowed amount after deductible <sup>4</sup>                                    |

1. Deductibles are separate in Tier One, Tier Two and Tier Three and do NOT apply towards each other. The Annual Out-of-Pocket Maximum, which includes all medical and Rx deductibles, coinsurance and copays, accumulate towards the same OOP maximum (\$7,350/\$14,700).

2. Refer to the Medical Plan Booklet for additional details.

3. \$20 copay if you go to a physician within the AMG (Adventist Medical Group) network or an AHC level 2 PCMH practice.

4. Percentage indicates amount of coinsurance employee will pay in the tier indicated.

5. There is a 50% penalty for failure to notify Conifer no less than 48 hours prior to any hospital admissions (or within 48 hours after an Emergency Department admission. Members in observation 23 hours or less pay Emergency Department copay; for observations that exceed 23 hours, the Emergency Department copay is waived and the In-Patient Services

copay, if any, applies. Emergency Department out-of-network physicians will be reimbursed at 100% of allowed fee schedule amount; member may be subjected to balance billing.

6. If admitted due to an emergency, claim will be paid at Tier 2 within the US.

7. Claims in the Out-of-Network tier, will be payable at the maximum of 250% of the Medicare plan fee schedule.

| Other Services   | AHC   | CIGNA   | Out-of-Network  |
|--|---|---|---|
| Lab & Radiology  | No charge   |   | 50% of the allowed amount after deductible <sup>4</sup>                                       |
| MRI, MRA, PET Scan, CT Scan, Ultrasound                                  | No charge   | 20% after \$200 copay after deductible <sup>4</sup>   | 50% of the allowed amount after \$100 copay after deductible <sup>4</sup>                     |
| Chemotherapy, Radiation Therapy drugs                                    | No charge   | 20% of the allowed amount after deductible <sup>4</sup>                                       | 50% of the allowed amount after deductible <sup>4</sup>                                       |
| Dialysis <sup>2</sup>  | No charge   | 20% of the allowed amount after deductible <sup>4</sup>                                       | 50% of the allowed amount after deductible <sup>4</sup>                                       |
| Outpatient Speech, Occupational Therapy and Physical Therapy             | No charge   | 20% after deductible <sup>4</sup>   | 50% of the allowed amount after deductible <sup>4</sup>                                       |
|  | Limited to no more than 60 visits/year combined between all three services. Outpatient speech therapy is subject to pre-authorization.  |   |   |
| Home Health  | No charge; up to 40 visits/year max   | 20% of the allowed amount after deductible <sup>4</sup> ; up to 40 visits/year max            | 50% of allowed amount after deductible <sup>4</sup> ; up to 40 visits/year max                |
| Skilled Nursing Facilities   | 20% of allowed amount <sup>4</sup> ; up to 30 days/year max   | 20% of allowed amount after deductible <sup>4</sup> ; up to 30 days/year max                  | 50% of allowed amount after deductible <sup>4</sup> ; up to 30 days/year max                  |
| Hospice  | No charge   |   |   |
| DME (Durable Medical Equipment)  | No charge   | 40% of allowed amount after deductible <sup>4</sup> for rental/purchase                       | 50% of allowed amount after deductible <sup>4</sup> for rental/purchase                       |
| Medical Supplies   | No charge   | 50% of allowed amount <sup>4</sup> , after the deductible                                     |   |
| Adult & Pediatric Diabetes Education Classes                             | No charge; Once every 12 months at an accredited provider. Up to 4 classes lifetime maximum   |   |   |
| Infertility  | 50% of allowed amount after deductible; up to \$10,000 lifetime maximum   |   |   |
| Chiropractic   | \$40 copay; up to 30 visits/year max  |   | 50% of allowed amount after deductible <sup>4</sup> ; up to 30 visits/year max                |
| Mental Health and Substance Abuse  | AHC   | CIGNA   | Out-of-Network  |
| In-Patient: Mental Health or Substance Abuse <sup>5</sup>                | No charge   | 20% after \$750 per facility admission copay after deductible <sup>4</sup>                    | 50% after \$750 per facility admission copay after deductible <sup>4</sup>                    |
| Out-Patient: Mental Health or Substance Abuse                            | No charge   | 20% after \$500 per facility/per treatment/per occurrence copay after deductible <sup>4</sup> | 50% after \$500 per facility/per treatment/per occurrence copay after deductible <sup>4</sup> |
| Out-Patient: Professional Services (therapy, psychiatrist, testing, etc) | \$25 copay <sup>3</sup>   |   | 50% of allowed amount after deductible <sup>4</sup>   |
| Prescription Drugs   | Express Scripts Network   |   |   |
| Pharmacy Retail  | \$10 copay generic, 30% coinsurance preferred brand, 45% coinsurance specialty, 100% non-preferred brand. <sup>8</sup><br>Dispense As Written: \$10 copay, plus cost difference between generic and brand.  |   |   |
| Pharmacy Mail Order  | \$20 copay generic, 30% coinsurance preferred brand, 45% coinsurance specialty, 100% non-preferred brand. <sup>8</sup><br>Dispense As Written: \$20 copay, plus cost difference between generic and brand. 90-day supply: \$125 maximum charge per prescription for preferred brand or specialty. |   |   |

8. Non-preferred brand medication is not a covered benefit, and will not be applied to your Out-of-Pocket maximum.

9. There are no copays at urgent care centers owned and operated by Adventist HealthCare.