

Networks (Highlighted boxes represent changes for 2018)

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

Find Adventist HealthCare and In-Network providers online by logging onto: https://www.AHC-HealthcareBenefits.com/prv_search.asp

Features of Plus PPO 2018 Across Networks

Deductible and Out-of-Pocket	AHC	CIGNA	Out-of-Network
Annual Medical Deductible ¹	N/A	\$750 Individual \$1,500 Family	\$1,250 Individual \$2,500 Family
Annual Medical Coinsurance Out-of-Pocket Maximum (not including copays) ¹	N/A	\$1,500 Individual \$3,000 Family	\$3,500 Individual \$7,000 Family
Annual Medical & Rx Out-of-Pocket Maximum (including medical and Rx copays) ¹	\$7,350 Individual \$14,700 Family	\$7,350 Individual \$14,700 Family	Unlimited
Physician and Professional Services	AHC	CIGNA	Out-of-Network
PCP	\$20 copay ²	\$25 copay	40% of the allowed amount after deductible ³
Specialist	\$40 copay	\$45 copay	40% of the allowed amount after deductible ³
Urgent Care Center ⁷	No charge	\$75 copay ⁹	
Preventive Care	No charge		40% of the allowed amount after deductible ³
Dietitian	\$35 copay; up to 4 visits per calendar year		40% of the allowed amount after deductible ³ ; up to 4 visits per calendar year
Hospital Facility (Includes Acute Rehabilitation Facility)	AHC	CIGNA	Out-of-Network
In-Patient Facility ⁴	No charge	15% after \$750 per facility admission copay after deductible ³	40% after \$750 per facility admission copay after deductible ^{3,5}
In-Patient Physician and Professional Services ⁴	No charge	15% of the allowed amount after deductible ³	40% of the allowed amount after deductible ^{3,5}
Out-Patient Facility	No charge	15% after \$500 per facility copay after deductible ³	40% after \$500 per facility copay after deductible ³
Out-Patient Physician and Professional Services	No charge	15% of the allowed amount after deductible ³	40% of the allowed amount after deductible ³
Emergency Department ⁴	\$175 copay (waived if admitted) ⁵		
Lab & Radiology	No charge		40% of the allowed amount after deductible ³

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 max (\$7,350/\$14,700).

2. \$15 copay if you go to a physician within the AMG (Adventist Medical Group) network or AHC Level 2, PCMH practice.

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

4. 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 are subjected to the ER copay. Observation that exceeds 23 hours, ER copay waived, subjected to IP copay, if applicable. There is no copay for an AHC facility.

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

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

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

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.

Other Services	AHC	CIGNA	Out-of-Network
Lab & Radiology	No charge		40% of the allowed amount after deductible ³
MRI, MRA, PET Scan, CT Scan, Ultrasound	No charge	15% after \$200 copay after deductible ³	40% after \$100 copay after deductible ³
Chemotherapy, Radiation Therapy drugs	No charge	15% of the allowed amount after deductible ³	40% of the allowed amount after deductible ³
Dialysis ⁶	No charge	15% of the allowed amount after deductible ³	40% of the allowed amount after deductible ³

Other Services	AHC	CIGNA	Out-of-Network
Outpatient Speech, Occupational Therapy and Physical Therapy	No charge	15% after deductible ³	40% of the allowed amount after deductible ³
	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	15% of the allowed amount after deductible ³ ; up to 40 visits/year max	40% of the allowed amount after deductible ³ ; up to 40 visits/year max
Skilled Nursing Facilities	10% of allowed amount ³ ; up to 30 days/year max	15% of allowed amount after deductible ³ ; up to 30 days/year max	40% of allowed amount after deductible ³ up to 30 days/year max
Hospice	No charge		
DME (Durable Medical Equipment)	No charge	40% of allowed amount after deductible ³ ; for rental/purchase	50% of allowed amount after deductible ³ ; for rental/purchase
Medical Supplies	No charge	40% of allowed amount ³ ; no 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 ³ ; up to \$10,000 lifetime maximum		
Chiropractic	\$35 copay; up to 30 visits/year max		40% of allowed amount after deductible ³ ; up to 30 visits/year max

Mental Health and Substance Abuse	AHC	CIGNA	Out-of-Network
In-Patient Mental Health or Substance Abuse ⁴	No charge	15% after \$750 per facility admission copay after deductible ³	40% after \$750 per facility admission copay, after deductible
Out-Patient Mental Health or Substance Abuse	No charge	15% after \$500 per facility/per treatment/per occurrence, copay after deductible ³	40% after \$500 per facility/per treatment/per occurrence, copay after deductible ³
Out-Patient Professional Services (therapy, psychiatrist, testing, etc)	\$20 copay ²		40% of allowed amount after deductible ³

Prescription Drugs	Express Scripts Network
Pharmacy Retail	\$10 copay generic, 30% coinsurance preferred brand, 45% coinsurance specialty, 100% non-preferred brand. ⁸ 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. ⁸ 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.