

Value-Based Benefits for Disease Management

HealthAmerica has identified 5 disease states for Value-based insurance Benefits. **Asthma, Diabetes, COPD, Congestive Heart Failure and Coronary Artery Disease** protocols are targeted in this program. The program includes cost reduction for both necessary preventive medical services and drug therapies to influence better outcomes for these chronic diseases. When members are compliant and participate in disease management and complex case management programs they are given copay waivers and cost reductions on prescription medications used to treat Asthma, Diabetes, COPD, Congestive Heart Failure and Coronary Artery Disease. The goal of Value-based insurance design is to improve care and outcomes for chronically ill members by making essential care affordable and involving them in established disease management programs.

Members are offered the following basic medical services at no out of pocket costs:

VALUE- BASED MEDICAL SERVICES	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Lab Services (LDL and Micro albumin)	0%	30% Eligible Charges (after annual deductible)
Lab Services (HbA1c)	0%	30% Eligible Charges (after annual deductible)
Diabetic Eye Exam	\$0 Copay	30% Eligible Charges (after annual deductible)
Cardiac Rehabilitation	0%	30% Eligible Charges (after annual deductible)
Outpatient Pulmonary function test	0%	30% Eligible Charges (after annual deductible)
DEDUCTIBLES AND MAXIMUMS	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Annual Plan Year Deductible (Inpatient copays and Infertility deductibles apply separately from annual deductible)		
Individual	\$350	\$800
Family (aggregate)	\$1,050	\$2,400
Coinsurance Maximum		
Individual	\$700	\$800
Family (aggregate)	\$2,100	\$2,400
Out-of-Pocket Maximum (includes deductibles, coinsurance and copays for medical)		
Individual	\$4,850	N/A
Family (aggregate)	\$9,700	N/A
OUTPATIENT SERVICES	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Physician Services (for illness or injury)		
Primary Care Visit (PCP)	\$20 Copay	30% Eligible Charges (after annual deductible)
Specialist Visit (SCP)	\$25 Copay	30% Eligible Charges (after annual deductible)
Preventive Services*		
Gynecological Exam (PCP/SCP)	\$0 Copay	30% Eligible Charges (after annual deductible)
Well Child Visit	\$0 Copay	30% Eligible Charges (after annual deductible)
Adult Physical Visit	\$0 Copay	30% Eligible Charges (after annual deductible)
Routine Pediatric Immunizations	0%	30% Eligible Charges
Hearing Exams	0%	30% Eligible Charges (after annual deductible)
Routine Mammograms	0%	30% Eligible Charges (after annual deductible)
Therapeutic Injections	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Allergy Testing & Allergy Injections	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Allergy Antigen & Allergy Serum	10% (after annual deductible)	Not Covered
Chiropractic Care (x-rays and spinal manipulations are subject to deductible) Maximum 24 visits per plan year, combined.	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Outpatient Surgery	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Lab Services (Lab services received at Primary Care Physician's office are not subject to in-network deductible)	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Diagnostic X-ray	\$25 Copay then 10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Radiology (CAT, MRI, Ultrasound, PET)	\$25 Copay then 10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Hearing Devices	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
	Benefit limited to \$800 every 24 months at the Participating Provider and Non-Participating Provider Levels of Payment, combined	
HOSPITAL SERVICES	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Hospital Care		
Semi-private room (private room if medically necessary)	\$200 Inpatient Copay, then 10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Physician and Surgeon Fees	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Surgery	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Lab and X-ray services	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
All Medically Necessary Ancillary Services	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Anesthesia	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Administration of Blood	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Blood Products	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Therapy Services (Chemotherapy & Radiation Therapy)	10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Transplant Services Services must be provided within the Coventry Transplant Network in order to be covered under the Plan.	Donor screening services are limited to \$10,000. Costs over \$10,000 are the responsibility of the participant or donor.	Not Covered

Effective 7-1-14

MATERNITY SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Pregnancy Care (PCP/SCP) (copay for the first office visit only) Diagnostic Testing		\$25 Copay for first prenatal office visit only 10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Delivery		\$200 Inpatient care Copay, then 10% (after annual deductible) for each maternity admission	30% Eligible Charges (after annual deductible)
FAMILY PLANNING		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Tubal Ligation*		0%	30% Eligible Charges (after annual deductible)
Vasectomy		\$200 Inpatient Copay , then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Infertility Counseling/Testing/Services		\$300 One Time Deductible Then 0%	Not Covered
		\$2,400 combined Lifetime Benefit Maximum for Family Planning	
PRESCRIPTION DRUGS		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
(Includes oral contraceptives & managed formulary. Mandatory generic substitution may apply)		(Quantity Limits Apply) Retail: \$10 Generic/30% Coinsurance Brand/50% Coinsurance Non-Formulary Mail Order: 2X Retail Copayment Out of Pocket Maximum is \$1500/Individual; \$3,000 Family per Plan Year COVERED ONLY AT PARTICIPATING PHARMACIES	
EMERGENCY CARE		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Emergency Room Services (not subject to deductible)		0% after \$125 Copay (ER Copay waived if admitted)	
Urgent Care (not subject to deductible)		0% after \$40 Copay (UC Copay waived if sent to ER within 24 hours)	
Ambulance Services (non-Emergency transportation must be Preauthorized)		10% (after annual deductible)	30% Eligible Charges (after annual deductible)
REHABILITATION SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Cardiac & Pulmonary Rehabilitation		10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Occupational, Speech, Physical Therapy		\$200 Inpatient Copay, then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
		45 inpatient days per plan year 24 outpatient visits per plan year	
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
General Mental Health:		(Mental health services must be preauthorized)	
Inpatient		\$200 Inpatient Copay, then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Physician Services (Outpatient)		10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Serious Mental Health:		\$200 Inpatient Copay, then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Inpatient			
Physician Services (Outpatient)		10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Substance Abuse:		\$200 Inpatient Copay, then 0% (not subject to annual deductible)	30% Eligible Charges (not subject to annual deductible)
Inpatient Detoxification			
Inpatient Rehabilitation		\$200 Inpatient Copay, then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Transitional Partial Hospitalization		10% (after annual deductible)	30% Eligible Charges (after annual deductible)
OTHER BENEFITS		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Claim Forms Required		No	Yes
Durable Medical Equipment (DME) – Limited to once every 2 years for irreparable damage and/or normal wear.		10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Corrective Appliances		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Home Health Care Services		10% (after annual deductible) 120 visits per plan year	30% Eligible Charges (after annual deductible) 60 visits per plan year
		120 visits combined per plan year	
Hospice Care		10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Skilled Nursing Facility		\$200 Inpatient Copay, then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Copayment waived if admitted from an acute care Hospital		240 days combined maximum per plan year	
Dental Services		10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Emergency treatment of dental injury		10% (after annual deductible)	30% Eligible Charges (after annual deductible)
Removal of Third Molars			
Vision Services	Vision One Eyecare Program®: Receive immediate savings on all eyecare needs--discounts on frames, lenses, disposable contacts, and even LASIK surgery--at participating providers through the EyeMed Vision Care network.		
Health Education	Members receive reimbursement of the cost of approved wellness programs offered through local hospitals and organizations. Reimbursement for Weight Management programs is limited to \$350 per member per plan year.		
PRECERTIFICATION REQUIREMENT		By Physician	By Patient
When using a nonparticipating provider, the member must obtain precertification of nonemergency hospital and other facility (e.g., skilled nursing facilities, rehabilitation facilities, drug and alcohol treatment facilities) admissions, outpatient surgery and certain other services as stated in the Group Contract. If these services or admissions are not precertified and the service is not medically necessary, the member may be responsible for 100% of the cost of the services.			
LIFETIME MAXIMUM		Unlimited	
Dependent Coverage Age Limit is 26			
*Preventive Services covered at 100% in-network in accordance with the Affordable Care Act of 2010. For a listing of covered services visit www.healthcare.gov/prevention .			