

MDA HEALTH PLAN

BENEFITS AT A GLANCE

EFFECTIVE JANUARY 1, 2021

Living Fit PPO Plan (with Holistic Services Benefits)			
	In-Network		Out-of-Network
Deductible			
Employee	\$3,000		\$6,000
Employee +1	\$4,500		\$9,000
Family	\$6,000		\$12,000
Out-of-Pocket Maximum			
Employee	\$8,150		\$16,300
Employee + 1	\$13,000		\$26,000
Family	\$16,300		\$32,600
Lifetime Maximum	Unlimited		
PHYSICIAN SERVICES			
Physician Office Visit	<u>Choice</u>	<u>Standard*</u>	
Primary Care	100% after \$30 copay	100% after \$40 copay	60% after deductible
Specialist	100% after \$45 copay	100% after \$60 copay	60% after deductible
Chiropractic Office Visit	<u>Choice</u>	<u>Standard*</u>	
	100% after \$30 copay	100% after \$40 copay	60% after deductible
Chiropractic Manipulation	80% after deductible		60% after deductible
Maximum of 24 visits per calendar year			
HOSPITAL SERVICES			
Hospital Services			
Inpatient	80% after deductible		60% after deductible
Outpatient	80% after deductible		60% after deductible
Outpatient Surgery	80% after deductible		60% after deductible
Pre-admission Testing	80% after deductible		60% after deductible
Emergency Room	80% after \$100 copay and deductible; copay waived if admitted as an inpatient		
Urgent Care	\$50 copay		60% after deductible
Nursery Charges	80% after deductible		60% after deductible
Pre-certification Penalty	<p>You are required to obtain pre-certification before all hospital admissions (or within two working days following an emergency admission) and for skilled nursing, private duty nursing, and home health care services.</p> <p>Utilization Management can be reached at: 800-269-1260.</p>		<p>You are required to obtain pre-certification before all hospital admissions (or within two working days following an emergency admission) and for skilled nursing, private duty nursing, and home health care services. If pre-certification is not notified a \$250 additional deductible will be applied.</p> <p>Utilization Management can be reached at: 800-269-1260.</p>
WELLNESS BENEFITS			
Well Baby Care / Immunizations (to age 5)	100%		Not covered
Preventive Care	100%		Not covered
Routine Physical Exam	100%		Not covered
MENTAL HEALTH & SUBSTANCE ABUSE			

Living Fit PPO Plan (with Holistic Services Benefits)

	In-Network		Out-of-Network
Inpatient Hospital	80% after deductible		60% after deductible
Outpatient Hospital	80% after deductible		60% after deductible
Outpatient Doctor's Office Visit	<u>Choice</u> 100% after \$30 copay	<u>Standard*</u> 100% after \$40 copay	60% after deductible
OTHER BENEFITS			
Physical/Occupational/ Speech Therapy Max = combined 60 visits per calendar year	<u>Choice</u> 100% after \$45 copay	<u>Standard*</u> 100% after \$60 copay	60% after deductible
Skilled Nursing Facility Max = 60 days per member per calendar year, prior certification required	80% after deductible		60% after deductible
Home Health Care Must be medically necessary	80% after deductible		60% after deductible
IN-NETWORK PRESCRIPTION DRUGS			
Generic (Tier 1)	<u>Choice</u>		<u>Standard*</u>
Preferred *	\$10		\$15
Non-Preferred	\$20		\$25
Brand			
Preferred (Tier 2)	50% to a maximum of \$100		50% to a maximum of \$150
Non-Preferred (Tier 3)	50% to a maximum of \$300		50% to a maximum of \$350
Specialty			
Preferred (Tier 4)	20% to a maximum of \$200		20% to a maximum of \$200
Non-Preferred (Tier 5)	50% to a maximum of \$500		50% to a maximum of \$500
<p>*You can check to see if your generic medication is Preferred or Non-Preferred by using the pharmacy lookup at https://www.priorityhealth.com/formulary/employer/traditional. Type in your drug name then select the appropriate drug and dosage. In the Notes and Restrictions column click on the "more info" link. Preferred or Non-Preferred status will appear in the details. A higher copay will be collected for Non-Preferred medications.</p>			
NOTES:			
1) 90-day supply may be purchased, but the 90-day supply will be assessed 2 dispensing fees and the cost will be based on the cost of the medication. An in-network pharmacy must be used.			
2) You may check the Priority Health formulary by signing into your My Priority Account at https://member.priorityhealth.com/login .			
HOLISTIC SERVICES BENEFITS			
	<u>Choice</u>	<u>Standard*</u>	
Acupuncture Services	\$30 copay (does not apply to out-of-pocket max), maximum 20 visits per year	\$40 copay (does not apply to out-of-pocket max), maximum 20 visits per year	
	<u>Choice</u>	<u>Standard*</u>	
Massage Therapy	\$30 copay (does not apply to out-of-pocket max), maximum 20 visits per year	\$40 copay (does not apply to out-of-pocket max), maximum 20 visits per year	
LIVING FIT BENEFITS			
Exercise Rewards and Health by Choice Motivations	See separate program brochure for details		
EMPLOYEE ASSISTANCE PROGRAM (EAP)			
Encompass Available 24/7/365 by phone, web or mobile app.	1-800-788-8630 www.mylifeexpert.com - Access Code: mdahp		

*Standard benefits will apply if a Health Risk Assessment (HRA) is not completed for enrolled employees and spouses within 90 days of plan start date.