DELTA HEALTH SYSTEMS

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

The Edcare Group
Bronze Plan

Network in California is Anthem BlueCross
Network out of California is Anthem Blue Card
Benefits described below are effective October 1, 2019 – September 30, 2020

Calendar Year Medical Deductible Limit **The deductible applies to all services unless noted**	**Network Provider**	**Non-Network Provider**
	$5,000-individual	Not Covered

An individual within a family shall not have a deductible that is more than the individual deductible limit. Family Deductible is met when two individuals have met their deductible.

Calendar Year Medical and Prescription Out of Pocket Maximums	**Network Provider**	**Non-Network Provider**
	$6,850-individual $13,700-family	Not Covered

For family coverage, an individual within a family shall not have a maximum out of pocket limit that is greater than the maximum out of pocket limit for an individual. After the individual maximum has been satisfied by a person enrolled in family coverage, the plan will play the remaining charges incurred by that person. The out of pocket amount includes copays, deductible and coinsurance amounts for 'essential health benefits' as defined under the Affordable Care Act.

Please see prescription information on page 4.** ***Only copays will count toward the Out of Pocket Maximum.

LIFETIME BENEFIT MAXIMUM **Unlimited**

PROFESSIONAL SERVICES	**Network Provider**	**Non-Network Provider**
Professional (Physician)Benefits		
Physician and Specialist Office Visits *ADHD – Office visit for diagnosis and Medical Management for RX only	$60 Copay (deductible waived)	Not Covered
Inpatient Hospital Visits	30%	Not Covered
Allergy: Injection/Serum/Testing	30%	Not Covered
Pregnancy-Delivery Charge	30%	Not Covered
Surgeon, Assistant Surgeon, Anesthesiologist	30%	Not Covered
Urgent Care	30%	Not Covered
Counseling (Mental Health and Substance Abuse– must be approved by Halcyon or not covered)	$60 Copay (deductible waived)	Not Covered
Testing (Mental Health)	30%	Not Covered

Benefit Descriptions, continued	Network Provider	Non-Network Provider
Preventive Health Benefits		
Colonoscopy (starting at age 50 and above, in accordance with ACA requirements)	$0 (deductible waived)	Not Covered
Immunizations (in accordance with ACA requirements)	$0 (deductible waived)	Not Covered
Mammogram (starting at age 39 in accordance with ACA requirements – unless medically necessary)	$0 (deductible waived)	Not Covered
Preventive Exam (in accordance with ACA requirements)	$0 (deductible waived)	Not Covered
Pre-Natal Care/Dependent Women (all ages in accordance with ACA requirements)	$0 (deductible waived)	Not Covered
Women's Health Care (gynecological exam, screening, breast-feeding equipment, tubal ligation and birth control services)	$0 (deductible waived)	Not Covered
Outpatient Services		
CT scans, MRIs, MRAs, PET Scans, and Cardiac Diagnostic (Complex Services)	30%	Not Covered
Laboratory and Pathology	30%	Not Covered
X-ray, EKG, Diagnostic Medicine Services	30%	Not Covered
Hospital Services		
Outpatient Surgery	Facility -30% Ambulatory -30%	Not Covered
Emergency Room/Facility Charge	$300 Copay /30%	$300 Copay /30% Non-emergency use of ER = Not Covered
Emergency Room/Physician Charge	30%	30% Non-emergency use of ER = Not Covered
Inpatient Room and Board (including mental health and substance abuse)	30%	Not Covered
Skilled Nursing Facility (100 days per calendar year)	30%	Not Covered
Day Treatment and Residential Treatment (mental health/substance abuse)	30%	Not Covered

Benefit Descriptions, continued	Network Provider	Non-Network Provider
Additional Covered Services		
Ambulance Services (emergency or authorized transport)	30%	30% Non-emergency use of ambulance =Not Covered
Bariatric Surgery (must use Sante services for coverage – see last page)	30%	Not Covered
Dialysis	30%	Not Covered
Chemotherapy / Radiation Therapy	30%	Not Covered
Durable Medical Equipment/Orthotics/Devices/Oxygen &Supplies	30%	Not Covered
Home Health Services		
Home Care Agency Services (aide and private duty nurse is covered / 2 visits per day maximum)	30%	Not Covered
Hospice	30%	Not Covered
Rehabilitation Services		
Cardiac Rehabilitation	30%	Not Covered
Chiropractic ($500 per calendar year maximum) *Network is PhysMetrics	$60 Copay (Deductible is waived) Spinal Manipulation 30% and subject to deductible	Not Covered
Occupational/Physical/Speech Therapy (physical therapy requires a MD referral) *Network is PhysMetrics	30%	Not Covered
Pulmonary/Respiratory Therapy	30%	Not Covered
Prescription Services		
Generic drugs (on Basic Formulary)	$10/retail prescription $20/mail-order prescription	
Preferred Brand name drugs (on Basic Formulary)	$45/retail prescription $90/mail-order prescription	
Non-Preferred Brand name drugs	$80/retail prescription $160/mail-order prescription	
Specialty drugs	$250/retail prescription	

Covers up to a 34-day supply (retail prescription); 90-day supply (mail order prescription). Step therapy and Pre-authorizations requirements may apply for certain drug categories.

ADDITIONALINFORMATION

Prescription Benefits are administered by: **IPM…….. (877)860-8846**

- **Specialty Drugs and all other prescribed medication**
- **Mandatory Generic required. Patient responsible for the cost difference between generic and brand when generic is available. Only the co-pay will count toward Out of Pocket Maximum.**

Dental Claims administered by: **Ameritas…… (800)487-5553**

Vision Claims administered by: **Vision Service Plan…….. (800)877-7195**

Medical: Non-Covered Services, please refer to the summary plan document for details on any service limitation before service(s) are incurred.

Non-Network Providers are not covered on this plan.

Utilization Review is required for the items listed below - Anthem Blue Cross should be notified in advance for non-emergency services (800) 274-7767 and within 48 hours of any emergency service listed below:

- All inpatient facility services (acute care, surgical, mental health and substance abuse)
- Skilled Nursing facility
- Home health
- Home infusion therapy
- Transplants
- Outpatient surgery (for specific procedures only, contact Anthem to confirm if surgery requires pre-authorization)
- Case Management
- Air Ambulance (non-emergency use)
- Durable Medical Equipment

For Mental Health and Substance Abuse services, inpatient or outpatient, requires a pre-service authorization you must call Halcyon Behavioral at (800)425-4800

For Weight Management services, including bariatric surgery, you must contact Sante at (559)228-5405.

For your Chiropractic, Physical Therapy, Occupational Therapy, Speech Therapy needs, call PhysMetrics at (877)519-8839 to locate a network provider.