

Benefits summary:

HMO Copay Align

Offering the most coverage available before deductible

Grand Rapids Building Services

This document is intended to be an easy-to-read summary to provide a general overview of your benefits. It is not a contract or legal document. Additional limitations and exclusions may apply to covered services. This plan has a specific network of providers, so check the Provider Directory prior to receiving services. Prior authorizations for certain services may apply. A complete description of benefits is contained in the Certificate of Coverage, Schedule or Agreement as applicable.

| Member cost-sharing | |
|---|---|
| Deductible <i>The amount you pay before we begin to pay.</i> | \$5,000 individual/\$10,000 family Deductible costs don't apply towards your coinsurance maximum. Out-of-network services not covered. |
| Coinsurance <i>Your share of the costs of a covered health care service.</i> | 20% coinsurance for services after deductible is met, except where noted. Out-of-network services not covered. |
| Coinsurance maximum <i>The most coinsurance cost share you'll pay for covered services in a contract year. Your coinsurance cost share counts toward your out-of-pocket limit.</i> | \$2,500 individual/\$5,000 family |
| Out-of-pocket limit <i>The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.</i> | \$8,150 individual/\$16,300 family |
| Office visits | |
| Primary care provider (PCP) | \$30 copayment, deductible doesn't apply |
| Specialists | \$45 copayment, deductible doesn't apply |
| Urgent care | \$75 copayment, deductible doesn't apply |
| Virtual visits <i>24/7 care for non-emergency medical conditions</i> | Covered in full |
| Allergy testing, serum and injections | Covered in full |
| Retail health clinic <i>Located in a retail center, like a supermarket or pharmacy and provides care for common illnesses and services (examples: ear aches, sore throats, flu shots)</i> | \$75 copayment, deductible doesn't apply |
| Mental and behavioral health | |
| Inpatient hospital | 20% coinsurance after deductible |
| Outpatient office visits | \$30 copayment, deductible doesn't apply |

| continued | |
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| Prescription drug coverage | |
| Visit priorityhealth.com and search <i>Optimized</i> or <i>Traditional</i> in the Approved Drug list to see coverage and pricing information. | |
| Formulary | Traditional |
| Generic | \$20 copayment, deductible N/A |
| Brand | \$60 preferred copayment, \$80 non-preferred copayment, deductible N/A |
| Mail Order | Generic: 2x Brand: 2x; deductible N/A |
| Specialty | 20% preferred coinsurance, \$200 max, 20% non-preferred coinsurance, \$400 max, deductible N/A |
| Preventive care | |
| Preventive care, immunizations | Covered in full; includes women's preventative health care services, well-child visits, flu shots and routine physical exams. Get the most up-to-date list of all the care that's recommended in our Preventative Health Care Guidelines when you login to your online account at PriorityHealth.com |
| Laboratory and X-ray | |
| Radiology | 20% coinsurance after deductible |
| Advanced imaging (CT/ PET/MRI) | \$150 copayment, deductible doesn't apply |
| Laboratory | 20% coinsurance after deductible |
| Emergency services | |
| Emergency room | \$250 copayment, deductible doesn't apply |
| Emergency transportation/ ambulance services | \$150 copayment, deductible doesn't apply |
| Hospital care | |
| Inpatient hospital physician services | 20% coinsurance after deductible |
| Surgery and/or facility fee | 20% coinsurance after deductible; exceptions apply |
| Bariatric surgery | 20% coinsurance after deductible; covered once per lifetime |
| Outpatient care | |
| Skilled nursing services and residential treatment | 20% coinsurance after deductible; Up to 45 days covered per member each contract year |
| Outpatient surgery | 20% coinsurance after deductible |
| In-home and hospice care | Covered in full after deductible |
| Rehabilitation services and devices | |
| Physical and occupational therapy | \$30 copayment, deductible doesn't apply Combined maximum 30 visits per member per contract year |
| Chiropractic care | \$30 copayment, deductible doesn't apply Maximum 30 visits per member per contract year |
| Speech therapy | \$30 copayment, deductible doesn't apply; Combined maximum 30 visits per member per contract year |
| Prosthetic and orthotic support | 50% coinsurance after deductible |
| Durable medical equipment (DME) | 50% coinsurance after deductible |
| Family planning and maternity care | |
| Family planning | 50% coinsurance after deductible |
| Routine prenatal and postpartum care | Covered in full for evaluation and management; see Preventative Health Care Guidelines for recommendations and services |
| Maternity delivery and nursery care | 20% coinsurance after deductible |
| Tubal ligation | Covered in full for physicians services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery |
| Vasectomy | Covered in full when performed in physician's office or in connection with other surgery |

continued

Riders

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| Oral and non-oral treatments for sexual dysfunction, 50% copay | Must be filled by participating pharmacy. These must be authorized. Coverage is limited to: oral tablets, injectable, and intra-urethral. |
| Chiropractic visits | 30 visits |
| Early retiree | Covers early retirees who are not yet eligible for Medicare |

Additional benefits:



Cost estimator: Calculates specific costs for hundreds of procedures, based on where you're at with your deductible, coinsurance, etc. If a selected procedure is above fair market price, the tool will provide a list of nearby facilities where it's offered at a lower cost.



Travel assistance: If you become ill or injured while traveling more than 100 miles from home, AssistAmerica® coverage is included in your plan. Receive help with medical care, coordinating prescriptions, assistance with lost luggage, and even arrange your travel back home.



Member perks: Earn up to 20% cash back when you purchase digital gift cards from hundreds of local and national retailers - from Amazon to Zappos. Redeem online or at checkout at the store.