

## Medical Plan Options - Levindale Union

LifeBridge Health offers two medical plan options - administered by CareFirst BlueCross BlueShield (CareFirst). Each plan offers comprehensive health care benefits, including free preventive care services and coverage for prescription drugs. Kaiser Health Plan is offered to Levindale Union employees. Here's how the plans compare.

Plan Provision	Health Saver Plan (with HSA)			Premium Health Plan			Kaiser Health Plan
	LBH Network	CareFirst In-Network	Out-of-Network	LBH Network	CareFirst In-Network	Out-of-Network	
<b>Company Contribution to HSA<sup>1</sup></b>							
Individual		\$700 <sup>1</sup>					N/A
Family		\$1,400 <sup>1</sup>			N/A		N/A
<b>Calendar Year Deductible</b>							
Individual	\$2,800	\$3,000	\$3,000	\$200	\$750	\$2,250	\$0
Family	\$5,200	\$6,000	\$6,000	\$400	\$1,500	\$4,500	
<b>Coinsurance (percent paid by you)</b>							
% coinsurance after deductible	20%*	40%*	50%*	0% Plan pays 100%	30%	40%	
<b>Annual Out-of-Pocket Maximum (includes deductible, copays and coinsurances)</b>							
Individual	\$4,000	\$5,000	\$6,600	\$1,000	\$4,000	\$5,600	\$3,500
Family	\$8,000	\$10,000	\$13,200	\$3,000	\$8,000	\$11,200	\$9,400
<b>You Pay</b>							
<b>Office Visits</b>							
Primary Physician Office Visit	20%*	40%*	50%*	\$10	30%*	40%*	\$10
Specialist Office Visit	20%*	40%*	50%*	\$35	30%*	40%*	\$20
<b>Preventive Services</b>							
Preventive Care – one per calendar year (includes annual physicals, immunizations, routine cancer screenings and well child visits)	\$0 Plan pays 100%	\$0 Plan pays 100%	50%*	\$0 Plan pays 100%	\$0 Plan pays 100%	40%*	\$0
<b>Diagnostic Services</b>							
Advanced imaging (PET, MRI, CT)	20%*	40%*	50%*	\$0 <sup>2</sup> Plan pays 100%	250 copay + 40%	\$250 copay + 50%	\$0
Other imaging (X-ray, sonogram)	20%*	40%*	50%*	\$0 <sup>2</sup> Plan pays 100%	30%*	40%*	\$0
Lab and other services	20%*	40%*	50%*	\$0 <sup>2</sup> Plan pays 100%	30%*	40%*	\$0

\*After deductible. Copays do not count toward deductible; however, deductible counts toward out-of-pocket maximum.

<sup>1</sup>If enrolling in the Health Saver Plan; seed funding is provided in two installments. To be eligible for funding you must be actively enrolled and eligible for the plan as of the first of the funding month. The first funding is provided in January and the second half is provided in July as long as you are still actively eligible and enrolled in the plan. Funding in January and July will be posted to your HealthEquity Savings Account on or before the end of the month. Please note, if you have not opened your account, the funding will not post.

<sup>2</sup>Must be performed by LifeBridge Health Provider or designated LifeBridge Health Lab or Facility.

Disclaimer: Elevation of Services for Tier II providers and services can be accommodated if LifeBridge Health does not have or provide the required services/providers in the LifeBridge Health Tier I Network. Refer to the 2021 Benefits Guide and Benefits website at <http://www.lifebridgehealth.org/benefits> for additional information.

## 2020 Medical Plan Summary (continued)

Plan Provision	Health Saver Plan (with HSA)			Premium Health Plan			Kaiser Health Plan
	LBH Network	CareFirst In-Network	Out of-Network	LBH Network	CareFirst In-Network	Out of-Network	
<b>You Pay</b>							
<b>Emergency Services</b>							
Emergency Care <sup>3</sup>	20%*	20%*	20%*	\$200 copay per visit	\$200 copay per visit	\$200 copay per visit	\$50 copay
Ambulance Services	20%*	20%*	20%*	\$0 Plan pays 100%	\$0 Plan pays 100%	\$0 Plan pays 100%	\$0 copay
<b>Urgent Care</b>							
Urgent Care	20%*	40%*	50%*	\$10 copay	30%	40%	\$20 copay
<b>Hospital Facility/ Surgical Procedures</b>							
Outpatient Facility and Ambulatory Surgical Facility	20%*	40%*	50%*	\$0*	\$250 copay + 40%*	\$250 copay + 50%*	\$20 copay
Inpatient Hospitalization <sup>4</sup>	20%*	40%*	50%*	\$0*	\$500 copay + 30%*	\$500 copay + 40%*	\$0 copay
Medical Rehabilitation Coverage <sup>4</sup>	20%*	40%*	50%*	\$0*	\$500 copay + 30%*	\$500 copay + 40%*	\$20 copay
Obesity/Bariatric Surgery <sup>4,5</sup>	20%*	Not Covered	Not Covered	\$500 copay	Not Covered	Not Covered	
<b>Hospital Physician Services</b>							
Inpatient <sup>6</sup>	20%*	40%*	50%*	\$0*	30%*	40%*	\$0 copay
Outpatient <sup>6</sup>	20%*	40%*	50%*	\$0*	30%*	40%*	\$0 copay
<b>Allergy Services</b>							
<b>Diagnostic Testing</b>							
• Primary Care Physician	20%*	40%*	50%*	\$10 copay	30%*	40%*	
• Specialist				\$35 copay			
<b>Treatment (including injections and serum)</b>							
• Primary Care Physician	20%*	40%*	50%*	\$10 copay	30%*	40%*	
• Specialist				\$35 copay			
<b>Reproductive Health</b>							
Maternity Care <sup>7</sup>	20%*	40%*	50%*	\$0*	\$500 copay + 30%*	\$500 copay + 40%*	
Infertility Services <sup>4,8</sup>	20%*	20%*	50%*	\$0*	\$0*	40%*	50% coins

## 2020 Medical Plan Summary (continued)

Plan Provision	Health Saver Plan (with HSA)			Premium Health Plan			Kaiser Health Plan
	LBH Network	CareFirst In-Network	Out of-Network	LBH Network	CareFirst In-Network	Out of-Network	
<b>You Pay</b>							
<b>Therapy Services<sup>11</sup></b>							
Physical, Occupational, Speech (50 visits per year combined)	20%*	40%*	50%*	\$35 copay* (waived after 10th visit)	30%*	40%*	\$20 copay 30 Visits
Therapeutic Manipulation (Chiropractic; 20 visits per year)	20%*	20%*	50%*	\$35 copay*	\$35 copay*	40%*	Not Covered
Acupuncture (20 visit max)	20%*	20%*	50%*	\$35 copay*	\$35 copay*	40%*	Not Covered
<b>Medical Therapy Services</b>							
Chemotherapy, Radiation Therapy, Dialysis Treatment, Infusion Therapy	20%*	40%*	50%*	\$0*	30%*	40%*	
<b>Mental Health and Substance Abuse</b>							
Mental Health/Substance Abuse Inpatient Hospital, Facility and Professional Services <sup>4</sup>	20%*	20%*	50%*	\$0*	\$0*	40%*	\$0 copay
Office Visits for Mental Health and Substance Abuse	20%*	20%*	50%*	\$10 copay	\$10 copay	40%*	\$10 copay
<b>Home Health Care Services</b>							
Home Health Care (40 visits per year) <sup>4</sup>	20%*	20%*	50%*	\$0*	\$0*	40%*	
Private Duty Nursing (120 days per benefit period) <sup>4</sup>	20%*	20%*	50%*	\$0*	\$0*	40%*	
Skilled Nursing Facility <sup>4</sup> (Unlimited days per benefit period)	20%*	40%*	50%*	\$0*	\$500 copay + 30%*	\$500 copay + 40%*	\$0 copay
<b>Other Medical Services</b>							
Hospice Care <sup>4</sup>	20%*	40%*	50%*	\$0*	30%*	40%*	
Durable Medical Equipment	20%*	40%*	50%*	\$0*	30%*	40%*	50% coins
Organ Transplants <sup>4,10</sup>	20%*	20%*	50%*	\$0*	\$0*	40%*	
Nutritional Counseling	20%*	20%*	50%*	\$0*	\$0*	40%*	
Diabetic Equipment (CGM, pump) <sup>9</sup>	20%*	20%*	50%*	\$0*	\$0*	40%*	

\*After deductible. Copays do not count toward deductible; however, deductible counts toward out-of-pocket maximum.

<sup>3</sup>Emergency Room copay for Premium Health Plan waived only if admitted; Emergency services available out-of-network.

<sup>4</sup>Pre-authorization required.

<sup>5</sup>LifeBridge Health covers the treatment for morbid obesity, including surgical treatments only at LifeBridge Health Facilities.

<sup>6</sup>Services performed by a radiologist, anesthesiologist, pathologist, or surgical assistant will be paid at applicable co-insurance, if performed at a LifeBridge Health Network or CareFirst In-Network facility.

<sup>7</sup>OB/GYN providers are considered specialists. Deductible applies to confirm pregnancy, then \$35 copay/visit, if using LBH Network. All subsequent prenatal visits, postnatal visits and physician's delivery charges covered at applicable co-insurance, after deductible is met.

<sup>8</sup>Benefits for Artificial Insemination (AI) and In Vitro Fertilization (IVF) are combined and limited to \$50,000 lifetime maximum. Coverage for infertility benefits includes injectable drugs and allows for the use of donor egg and sperm. The procurement and donor egg and sperm are not covered.

<sup>9</sup>Diabetic supplies such as glucometers, test strips, insulin, and syringes are covered under your prescription drug plan.

<sup>10</sup>Travel Limit - \$150/day up to \$10,000 per transplant.

<sup>11</sup>For Habilitative Services an approved plan of treatment is required. Benefits are available for dependent children until the end of the month in which the dependent turns 19 years old.

# 2021 Prescription Drug Comparison

## Prescription Drug: CVS Caremark

Plan Provision	Health Saver Plan (With HSA)	Premium Health Plan		Kaiser Health Plan
	Retail and Mail Order <sup>14</sup>	LBH Pharmacy <sup>11</sup>	CVS/Other Retail Pharmacies	Retail and Mail Order
<b>Annual Deductible</b>				
Individual	Included in Medical		\$75 per person	\$0
Family	(see page 1)		\$225 per family	
<b>Annual Out-of-Pocket Maximum</b>				Integrated with Kaiser Medical
Individual	Included in Medical		\$1,000 per person	
Family	(see page 1)		\$2,000 per family	
<b>Retail Prescription Drugs</b> (30-day supply)				
• Generic	20%*	\$10* <sup>12</sup>	\$10*	\$10
• Formulary	30%*	\$30*	\$40*	\$20
• Non-formulary	40%*	\$50*	\$70*	\$35
• Specialty	50%* (LifeBridge Health Pharmacy only)	\$50*	Not Covered	\$35
<b>Mail Order Prescription Drugs</b> (90-day supply) <sup>13</sup>				
• Generic	20%*	\$20* <sup>12</sup>	\$20*	\$20
• Formulary	30%*	\$60*	\$80*	\$40
• Non-formulary	40%*	\$100*	\$140*	\$55
• Specialty	50%* (LifeBridge Health Pharmacy only)	\$100*	Not Covered	\$55

\*After deductible. Copays do not count toward deductible; however, deductible counts toward out-of-pocket maximum.

<sup>11</sup> LifeBridge Health Pharmacies: Levindale, Northwest, and Anchor Pharmacy (at Carroll Hospital Location only).

<sup>12</sup> \$0 copay for generics to treat high blood pressure, cholesterol, depression and diabetes, if the prescription is filled at LifeBridge Health Pharmacy.

<sup>13</sup> Long Term Medications (Maintenance) must be filled at a LifeBridge Health Pharmacy or through CVS Mail Order.

<sup>14</sup> Generic Opt-Out Penalty: Applied when a generic medication is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the brand copayment.

## Contact Information

Plan	Provider	Phone Number	Website
Medical	CareFirst Kaiser Permanente	866-595-6245 800-777-7902	<a href="https://www.carefirst.com/lifebridge/">https://www.carefirst.com/lifebridge/</a> <a href="http://www.kp.org">www.kp.org</a>
<b>Prescription Drugs</b> <b>(if enrolled with CareFirst plan)</b>	CVS	866-294-2110	<a href="http://caremark.com/wps/portal">http://caremark.com/wps/portal</a>

### Provider Locating Tool

CareFirst	Kaiser
<a href="https://member.carefirst.com/mos/#/fadsdpublic/search/lifebridge">https://member.carefirst.com/mos/#/fadsdpublic/search/lifebridge</a>	<a href="https://mydoctor.kaiserpermanente.org/mas/mdo/choose-your-doctor/">https://mydoctor.kaiserpermanente.org/mas/mdo/choose-your-doctor/</a>

### Medical Plan Summary Disclaimer:

This summary of benefits is meant only as a brief description of some of the benefits offered. This summary does not include specific plan detail.

You should refer to the specific plan documentation for specific plan details such as benefit limitations, exclusions, and other plan terms, which can be found at the Benefits website, <http://www.lifebridgehealth.org/benefits>.

This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All benefits described in this summary may be discontinued, increased, decreased, or altered at any time, with or without notice.

If any discrepancy exists between this summary and the official document, the official document SPD will prevail.