



COST SHARE SCHEDULE

FREEDOM PLATINUM LIMITED
EFFECTIVE Plan Year 2019

Members of Federally Recognized Tribes who receive services from Participating Indian Health Service Providers will not have to pay In-Network Deductible, Co-payments or Co-insurance. Such services will be provided at zero cost sharing for these Members. The following Member Cost Sharing will apply to Covered Services received from Providers who are not Participating Indian Health Service Providers.

MEDICAL MEMBER COST SHARING

Medical Deductibles	In-Network Benefits: \$0 Individual; \$0 Family** Out-of-Network Benefits: \$5,000 Individual; \$10,000 Family**
Out-of-Pocket Maximums (Medical and Prescription Drugs are combined.)	In-Network Benefits: \$2,000 Individual; \$4,000 Family** Out-of-Network Benefits: No Out-of-Pocket Maximum
In-Network Providers	Co-payments vary and are listed below. 20% Co-insurance on other benefits (unless otherwise noted below)
Out-of-Network Providers (excluding Emergency Medical Services and Dental Services)	50% Co-insurance of the Vantage Allowable; may be balance billed (No Out-of-Network coverage for Prescription Drugs, Transplants, Private Duty Nursing, Home Health and Hospice)

AFFINITY HEALTH NETWORK (AHN)

This Plan includes a preferred provider network, Affinity Health Network (AHN), which has lower cost share for certain covered services as indicated by "AHN" below.

IN-NETWORK PROVIDERS

In-Network Covered Services:	In-Network Cost Share:
Physician Office Services	
Medical Home Primary Care Provider (AHN)	\$5 AHN MH-PCP office visit Co-payment*
Medical Home Primary Care Provider (MH-PCP)	\$15 MH-PCP office visit Co-payment*
Chiropractor	\$15 chiropractor office visit Co-payment*
OB/GYN	\$15 office visit Co-payment*
Specialty Care (AHN)	\$30 AHN Specialty Care office visit Co-payment*
Specialty Care	\$40 Specialty Care office visit Co-payment*
Office Diagnostic Services – Lab (May be subject to Deductible)	100% coverage
Office Diagnostic Services - X-rays, other services (excludes Major Diagnostic tests)	100% coverage
Major Diagnostic Testing (AHN)	\$50 AHN Co-payment per test
Major Diagnostic Testing	\$150 Co-payment per test
Maternity-Related Services	
Office Visit (AHN)	\$5 AHN Co-payment (initial visit only)*
Office Visit	\$15 Co-payment (initial visit only)*
Office Diagnostic Services – Lab (May be subject to Deductible)	100% coverage
Office Diagnostic Services - X-rays, other services (excludes Major Diagnostic tests)	100% coverage
Major Diagnostic Testing (AHN)	\$50 AHN Co-payment per test
Major Diagnostic Testing	\$150 Co-payment per test
Initial Ultrasounds	100% coverage
Additional Ultrasounds	100% Co-insurance up to \$150 daily maximum cost share

***Not subject to Medical Deductible.**

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This Cost Share Schedule does not include all available benefits. Please refer to your Certificate of Coverage for a complete listing of covered services, cost share amounts, exclusions and limitations. Search for current providers at www.VantageHealthPlan.com or call Member Services at (844) 833-7505.



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In-Network Covered Services (continued):	In-Network Cost Share:
Wellness & Preventive Care	
Annual Examination	100% coverage*
Immunizations & Vaccines	100% coverage*
Children's Health	100% coverage*
Men's Health	100% coverage*
Women's Health	100% coverage*
Inpatient Hospital Services	
Inpatient Semi-Private Room (AHN)	\$100 off Inpatient Semi-Private Room Standard Co-payment
Inpatient Semi-Private Room	\$500 Co-payment per day for days 1-3
Physician Services	100% coverage
Ambulatory Surgery Unit or Outpatient Surgery (AHN)	\$100 AHN Co-payment
Ambulatory Surgery Unit or Outpatient Surgery	\$200 Co-payment
Outpatient Hospital Services	
Observation Stay (AHN)	\$100 off Observation Stay Standard Co-payment
Observation Stay	\$500 Co-payment per day for days 1-3
Physician Services	100% coverage
Major Diagnostic Testing (AHN)	\$50 AHN Co-payment per test
Major Diagnostic Testing	\$150 Co-payment per test
Lab Services (May be subject to Deductible)	100% coverage
Other Hospital Outpatient Services (AHN)	100% Co-insurance up to \$50 daily maximum cost share
Other Hospital Outpatient Services	100% Co-insurance up to \$150 daily maximum cost share
Emergency Medical Services	
Emergency Room	\$200 Co-payment per visit, waived if admitted
Ambulance	20% Co-insurance
Durable Medical Equipment and Supplies (DME)	20% Co-insurance
After-Hours/Walk-In Clinics (AHN)	\$5 AHN MH-PCP office visit Co-payment*
After-Hours/Walk-In Clinics	\$15 MH-PCP office visit Co-payment*
Urgent Care Centers	\$40 Co-payment per visit*
Extended Care Facilities	
Long-Term Acute Care Facility	\$50 Co-payment per day
Rehabilitation Facility	\$50 Co-payment per day
Skilled Nursing Facility	\$50 Co-payment per day

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In-Network Covered Services (continued):	In-Network Cost Share:
Other Covered Services	
Allergenic Testing	20% Co-insurance
Cardiac Rehabilitation	20% Co-insurance
Chemotherapy/Radiation Therapy	20% Co-insurance
Diabetes Management (AHN)	\$5 AHN Co-payment per visit*
Diabetes Management	\$15 Co-payment per visit*
Dialysis	20% Co-insurance
Home Health Care	20% Co-insurance
Hospice	20% Co-insurance
Nutritional Counseling (AHN)	\$5 AHN Co-payment per visit*
Nutritional Counseling	\$15 Co-payment per visit*
Outpatient Habilitative Services	\$40 Co-payment per visit
Outpatient Rehabilitation Services	\$40 Co-payment per visit
Private Duty Nursing	50% Co-insurance
Vision Services	
Vision Exam (AHN)	\$30 AHN Specialty Care office visit Co-payment*
Vision Exam	\$40 Specialty Care office visit Co-payment*
Glasses and Contacts	50% Co-insurance; \$100 maximum benefit for adults*
Dental Services	
Preventive Dental Exam, Cleaning and X-Rays	100% coverage of the Vantage Allowable*
Additional Dental Services	50% Co-insurance; \$500 maximum benefit for adults*
Mental Health Services	
Outpatient Mental Health Services (AHN)	\$5 AHN MH-PCP office visit Co-payment*
Outpatient Mental Health Services	\$15 MH-PCP office visit Co-payment*
Inpatient Mental Health Services	\$500 Co-payment per day for days 1-3
Alcohol and Chemical Dependency	
Outpatient Alcohol/Chemical Dependency (AHN)	\$5 AHN MH-PCP office visit Co-payment*
Outpatient Alcohol/Chemical Dependency	\$15 MH-PCP office visit Co-payment*
Inpatient Alcohol and Chemical Dependency	\$500 Co-payment per day for days 1-3
Approved Transplant Services	Applicable Inpatient or ASU/Outpatient Surgery Co-payment

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PRESCRIPTION DRUG MEMBER COST SHARE

Prescription Drug Deductible	\$250 Individual; \$750 Family** (Applies to Tier III, Tier IV and Tier V)
Prescription Drug Out-of-Pocket Maximum	Included in the In-Network Out-of-Pocket Maximum
In-Network Retail Prescription Drugs <i>(Cost Shares listed below are per Prescription up to a 30-day supply)</i>	
Tier I Prescription Drugs:	
• Affinity Health Network Pharmacies	100% Coverage. Not subject to Prescription Drug Deductible.
• All other Pharmacies	\$10 Co-payment per prescription. Not subject to Prescription Drug Deductible.
Tier II Prescription Drugs:	
	\$30 Co-payment per prescription. Not subject to Prescription Drug Deductible
Tier III Prescription Drugs:	
	\$60 Co-payment per prescription. Subject to Prescription Drug Deductible
Tier IV Prescription Drugs:	
	\$100 Co-payment per prescription. Subject to Prescription Drug Deductible
Tier V Prescription Drugs:	
	50% Co-insurance per prescription. Subject to Prescription Drug Deductible
Tier VI Preventive Prescription Drugs:	
	100% Coverage. Not subject to Prescription Drug Deductible.
Mail Order Prescription Drugs: <i>(Not available for Tier V Prescription Drugs)</i>	
Tier I:	
Affinity Health Network – Saint John Pharmacy	100% Coverage for 90-day supply.
Other Pharmacies	In-Network Retail Prescription Drug Co-payments apply and are listed above.
Tier II:	
All Pharmacies	In-Network Retail Prescription Drug Co-payments apply and are listed above.
Tiers III and IV:	
All Pharmacies	In-Network Retail Prescription Drug Co-payments apply and are listed above.
Tier VI:	
All Pharmacies	100% Coverage for 90-day supply.
Diabetic Supplies and Meters at a Pharmacy:	
Affinity Health Network Pharmacies	100% Coverage. Not subject to Prescription Drug Deductible.
All Other Pharmacies	In-Network Retail Prescription Drug Cost Share applies.

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