



# COST SHARE SCHEDULE

FREEDOM SILVER 2500  
Plan Year 2019

## MEDICAL MEMBER COST SHARING

<b>Medical Deductibles</b>	<b>In-Network Benefits: \$2,500 Individual; \$7,500 Family**</b> <b>Out-of-Network Benefits: \$5,000 Individual; \$10,000 Family**</b>
<b>Out-of-Pocket Maximums</b> (Medical and Prescription Drugs are combined.)	<b>In-Network Benefits: \$7,500 Individual; \$15,000 Family**</b> <b>Out-of-Network Benefits: No Out-of-Pocket Maximum</b>
<b>In-Network Providers</b>	<b>Co-payments vary and are listed below.</b> <b>30% Co-insurance on other benefits</b> (unless otherwise noted below)
<b>Out-of-Network Providers</b> (excluding Emergency Medical Services and Dental Services)	<b>50% Co-insurance of the Vantage Allowable; may be balance billed</b> (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

<b>In-Network Covered Services:</b>	<b>In-Network Cost Share:</b>
<b>Physician Office Services</b>	
Medical Home Primary Care Provider (AHN)	<b>\$30 AHN</b> MH-PCP office visit Co-payment*
Medical Home Primary Care Provider (MH-PCP)	<b>\$40</b> MH-PCP office visit Co-payment*
Chiropractor	<b>\$40</b> chiropractor office visit Co-payment*
OB/GYN	<b>\$40</b> office visit Co-payment*
Specialty Care (AHN)	<b>\$65 AHN</b> Specialty Care office visit Co-payment*
Specialty Care	<b>\$75</b> 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)	<b>\$200 AHN</b> Co-payment per test
Major Diagnostic Testing	<b>\$300</b> Co-payment per test
<b>Maternity-Related Services</b>	
Office Visit (AHN)	<b>\$30 AHN</b> Co-payment (initial visit only)*
Office Visit	<b>\$40</b> 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)	<b>\$200 AHN</b> Co-payment per test
Major Diagnostic Testing	<b>\$300</b> Co-payment per test
Initial Ultrasounds	100% coverage*
Additional Ultrasounds	100% Co-insurance up to <b>\$300</b> daily maximum cost share

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In-Network Covered Services (continued):	In-Network Cost Share:
<b>Wellness &amp; Preventive Care</b>	
Annual Examination	100% coverage*
Immunizations & Vaccines	100% coverage*
Children's Health	100% coverage*
Men's Health	100% coverage*
Women's Health	100% coverage*
<b>Inpatient Hospital Services</b>	
Inpatient Semi-Private Room (AHN)	<b>\$100</b> off Inpatient Semi-Private Room Standard Co-payment
Inpatient Semi-Private Room	<b>\$1,500</b> Co-payment per day for days 1-3
Physician Services	100% coverage
<b>Ambulatory Surgery Unit or Outpatient Surgery (AHN)</b>	
	<b>\$900 AHN</b> Co-payment
<b>Ambulatory Surgery Unit or Outpatient Surgery</b>	
	<b>\$1,000</b> Co-payment
<b>Outpatient Hospital Services</b>	
Observation Stay (AHN)	<b>\$100</b> off Observation Stay Standard Co-payment
Observation Stay	<b>\$1,500</b> Co-payment per day for days 1-3
Physician Services	100% coverage
Major Diagnostic Testing (AHN)	<b>\$200 AHN</b> Co-payment per test
Major Diagnostic Testing	<b>\$300</b> Co-payment per test
Lab Services	100% coverage
(May be subject to Deductible)	
Other Hospital Outpatient Services (AHN)	100% Co-insurance up to <b>\$200</b> daily maximum cost share
Other Hospital Outpatient Services	100% Co-insurance up to <b>\$300</b> daily maximum cost share
<b>Emergency Medical Services</b>	
Emergency Room	<b>\$400</b> Co-payment per visit, waived if admitted
Ambulance	<b>30%</b> Co-insurance
<b>Durable Medical Equipment and Supplies (DME)</b>	
	<b>30%</b> Co-insurance
<b>After-Hours/Walk-In Clinics (AHN)</b>	
<b>After-Hours/Walk-In Clinics</b>	<b>\$30 AHN</b> MH-PCP office visit Co-payment*
<b>Urgent Care Centers</b>	<b>\$40</b> MH-PCP office visit Co-payment*
	<b>\$75</b> Co-payment per visit*
<b>Extended Care Facilities</b>	
Long-Term Acute Care Facility	<b>\$150</b> Co-payment per day
Rehabilitation Facility	<b>\$150</b> Co-payment per day
Skilled Nursing Facility	<b>\$150</b> Co-payment per day

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<b>In-Network Covered Services (continued):</b>	<b>In-Network Cost Share:</b>
<b>Other Covered Services</b>	
Allergenic Testing	<b>30%</b> Co-insurance
Cardiac Rehabilitation	<b>30%</b> Co-insurance
Chemotherapy/Radiation Therapy	<b>30%</b> Co-insurance
Diabetes Management (AHN)	<b>\$30 AHN</b> Co-payment per visit*
Diabetes Management	<b>\$40</b> Co-payment per visit*
Dialysis	<b>30%</b> Co-insurance
Home Health Care	<b>30%</b> Co-insurance
Hospice	<b>30%</b> Co-insurance
Nutritional Counseling (AHN)	<b>\$30 AHN</b> Co-payment per visit*
Nutritional Counseling	<b>\$40</b> Co-payment per visit*
Outpatient Habilitative Services	<b>\$40</b> Co-payment per visit
Outpatient Rehabilitation Services	<b>\$40</b> Co-payment per visit
<b>Vision Services</b>	
Vision Exam (AHN)	<b>\$65 AHN</b> Specialty Care office visit Co-payment*
Vision Exam	<b>\$75</b> Specialty Care office visit Co-payment*
Glasses and Contacts	<b>50%</b> Co-insurance; <b>\$100</b> maximum benefit for adults*
<b>Dental Services</b>	
Preventive Dental Exam, Cleaning and X-Rays	100% coverage of the Vantage Allowable*
Additional Dental Services	<b>50%</b> Co-insurance; <b>\$500</b> maximum benefit for adults*
<b>Mental Health Services</b>	
Outpatient Mental Health Services (AHN)	<b>\$30 AHN</b> MH-PCP office visit Co-payment*
Outpatient Mental Health Services	<b>\$40</b> MH-PCP office visit Co-payment*
Inpatient Mental Health Services	<b>\$1,500</b> Co-payment per day for days 1-3
<b>Alcohol and Chemical Dependency</b>	
Outpatient Alcohol/Chemical Dependency (AHN)	<b>\$30 AHN</b> MH-PCP office visit Co-payment*
Outpatient Alcohol/Chemical Dependency	<b>\$40</b> MH-PCP office visit Co-payment*
Inpatient Alcohol and Chemical Dependency	<b>\$1,500</b> Co-payment per day for days 1-3
<b>Approved Transplant Services</b>	Applicable Inpatient or ASU/Outpatient Surgery Co-payment

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# COST SHARE SCHEDULE

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## PRESCRIPTION DRUG MEMBER COST SHARE

<b>Prescription Drug Deductible</b>	<b>\$750 Individual; \$2,250 Family** (Applies to Tier III, Tier IV and Tier V)</b>
<b>Prescription Drug Out-of-Pocket Maximum</b>	<b>Included in the In-Network Out-of-Pocket Maximum</b>
<b>In-Network Retail Prescription Drugs</b> <i>(Cost Shares listed below are per Prescription up to a 30-day supply)</i>	
Tier I Prescription Drugs:	
<ul style="list-style-type: none"> <li>Affinity Health Network Pharmacies</li> <li>All other Pharmacies</li> </ul>	<p>100% Coverage. Not subject to Prescription Drug Deductible.</p> <p><b>\$10</b> Co-payment per prescription. Not subject to Prescription Drug Deductible.</p>
Tier II Prescription Drugs:	<b>\$30</b> Co-payment per prescription. Not subject to Prescription Drug Deductible
Tier III Prescription Drugs:	<b>50%</b> Co-insurance per prescription. Subject to Prescription Drug Deductible
Tier IV Prescription Drugs:	<b>50%</b> Co-insurance per prescription. Subject to Prescription Drug Deductible
Tier V Prescription Drugs:	<b>50%</b> Co-insurance per prescription. Subject to Prescription Drug Deductible
Tier VI Preventive Prescription Drugs:	100% Coverage. Not subject to Prescription Drug Deductible.
<b>Mail Order Prescription Drugs:</b> <i>(Not available for Tier V Prescription Drugs)</i>	
<b>Tier I:</b>	
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.
<b>Tier II:</b>	
All Pharmacies	In-Network Retail Prescription Drug Co-payments apply and are listed above.
<b>Tiers III and IV:</b>	
All Pharmacies	In-Network Retail Prescription Drug cost share applies and are listed above.
<b>Tier VI:</b>	
All Pharmacies	100% Coverage for 90-day supply.
<b>Diabetic Supplies and Meters at a Pharmacy:</b>	
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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