Medical Cost Share - Savings Plan
Plan Year 2021

	In-Network	Out-of-Network
Individual Medical and Drug Deductible Combined	$5,500	$8,000
Family Medical and Drug Deductible Combined	$11,000	$16,000
Individual Out-of-Pocket Maximum[+]	$7,000	No Out-of-Pocket Maximum
Family Out-of-Pocket Maximum[+]	$14,000	No Out-of-Pocket Maximum
Co-insurance	50% Co-insurance	50% Co-insurance
Office Visits and Services		
Primary Care Provider Office Visit	50% Co-insurance*	50% Co-insurance[+]
Chiropractor	50% Co-insurance*	50% Co-insurance[+]
OB/GYN	50% Co-insurance*	50% Co-insurance[+]
Maternity Office Visit	50% Co-insurance*	50% Co-insurance[+]
Specialty Care Provider Office Visit	50% Co-insurance*	50% Co-insurance[+]
Office Labs	50% Co-insurance*	50% Co-insurance[+]
Diagnostic Services	50% Co-insurance*	50% Co-insurance[+]
Major Diagnostic Testing	50% Co-insurance*	50% Co-insurance[+]
Wellness & Preventive Care	100% Coverage	50% Co-insurance
After-Hours/Walk-In Clinics	50% Co-insurance*	50% Co-insurance[+]
Urgent Care Centers	50% Co-insurance*	50% Co-insurance[+]
Inpatient Services		
Inpatient Semi-Private Room	50% Co-insurance*	50% Co-insurance[+]
Physician Services	50% Co-insurance*	50% Co-insurance[+]
Outpatient Services		
Ambulatory Surgery Unit or Outpatient Surgery	50% Co-insurance*	50% Co-insurance[+]
Observation Stay	50% Co-insurance*	50% Co-insurance[+]
Physician Services	50% Co-insurance*	50% Co-insurance[+]
Lab Services	50% Co-insurance*	50% Co-insurance[+]
Major Diagnostic	50% Co-insurance*	50% Co-insurance[+]
Other Hospital Outpatient Services	50% Co-insurance*	50% Co-insurance[+]

[1]The In-Network Out-of-Pocket Maximum includes Medical and Prescription Drugs. Exclusions and Limitations are listed in the Certificate of Coverage.

*Benefit is subject to the In-Network Medical and Drug Deductible.

[+]Benefit is subject to the Out-of-Network Medical Deductible.

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.

Medical Cost Share - Savings Plan
Plan Year 2021

Emergency Services		
Emergency Room	50% Co-insurance*	
Ambulance	50% Co-insurance*	
Durable Medical Equipment		
Durable Medical Equipment	50% Co-insurance*	50% Co-insurance+
Extended Care Services		
Long-Term Acute Care Facility	50% Co-insurance*	50% Co-insurance+
Rehabilitation Facility	50% Co-insurance*	50% Co-insurance+
Skilled Nursing Facility	50% Co-insurance*	50% Co-insurance+
Other Covered Services		
Anti-cancer/Radiation Therapy	50% Co-insurance*	50% Co-insurance*
Cardiac Rehabilitation	50% Co-insurance*	50% Co-insurance*
Diabetes Management	50% Co-insurance*	50% Co-insurance*
Dialysis	50% Co-insurance*	50% Co-insurance*
Home Health Care	50% Co-insurance*	Not Covered
Hospice	50% Co-insurance*	Not Covered
Nutritional Counseling	50% Co-insurance*	50% Co-insurance+
Outpatient Habilitative Services	50% Co-insurance*	50% Co-insurance+
Outpatient Rehabilitative Services	50% Co-insurance*	50% Co-insurance+
Vision Services		
Routine Vision Exam	50% Co-insurance*	50% Co-insurance+
Glasses and Contacts for Children	50% Co-insurance*	50% Co-insurance+
Mental Health Services		
Outpatient Mental Health Services (Physician)	50% Co-insurance*	50% Co-insurance+
Inpatient Mental Health Services	50% Co-insurance*	50% Co-insurance+
Alcohol and Chemical Dependency		
Outpatient Alcohol/Chemical Dependency (Physician)	50% Co-insurance*	50% Co-insurance+
Inpatient Alcohol/Chemical Dependency	50% Co-insurance*	50% Co-insurance+
Approved Transplant Services		
Approved Transplant Services	50% Co-insurance*	Not Covered

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Prescription Drug Cost Share

IN-NETWORK PRESCRIPTION DRUG MEMBER COST SHARE	
Prescription Drug Deductible	Included in the In-Network Medical and Drug Deductible. Applies to all Prescription Drug Tiers.
Prescription Drug Out-of-Pocket Maximum	Included in the In-Network Out-of-Pocket Maximum
Retail or Mail Order Quantity limits vary by Prescription Drug. Please refer to your formulary for applicable quantity limits. All Tier V Prescription Drugs are limited to a 30-day supply.	
Tier I Prescription Drugs	
Affinity Health Network Pharmacies*	100% Coverage
All Other Pharmacies	50% Co-insurance
Tier II Prescription Drugs	
All Pharmacies	50% Co-insurance
Tier III Prescription Drugs	
All Pharmacies	50% Co-insurance
Tier IV Prescription Drugs	
All Pharmacies	50% Co-insurance
Tier V Prescription Drugs	
Participating Specialty Pharmacies	50% Co-insurance
Tier VI Prescription Drugs	
All Pharmacies	100% Coverage

DIABETIC SUPPLIES AND METERS	
Affinity Health Network Pharmacies	100% Coverage
All Other Pharmacies	Member pays applicable Prescription Drug Tier Cost Share.

There is no Out-of-Network Coverage for Prescription Drugs.

*This benefit may not be available for some out-of-state members. The mail order benefit is administered by Saint John Pharmacy and is only available for a 100-day supply. Not subject to In-Network Deductible.

Dental Cost Share

Code Category	Eligible Members	In-Network Dental Cost Share	Out-of-Network Dental Cost Share
Preventive	Adults and Children	100% Coverage	100% Coverage
Basic and Major *$500 combined Basic and Major max for adults.*	Adults and Children	50% Co-insurance*	50% Co-insurance*
Orthodontia for Children	Children Only	50% Co-insurance*	50% Co-insurance*

- **What levels of coverage are included?**
  - Preventive dental – routine exams and cleanings (2 per calendar year), preventive x-rays (1 set per calendar year). Preventive coverage includes only codes in the Preventive code category.
  - Comprehensive dental – includes fillings, extractions, root canals, crowns, and other specified dental services. Comprehensive coverage includes codes in the Basic and Major categories for adults and children.
  - Orthodontia dental – includes braces and aligners to adjust teeth. Orthodontia coverage is available to children only.

- **Is there a waiting period for dental coverage to become effective?**
  - No. Dental coverage is in effect at your effective date.

- **What is my financial responsibility?**
  - Preventive Dental services are not subject to any deductible on your plan.
  - *Comprehensive Dental services for children are subject to the applicable deductible. Comprehensive Dental services for adults are not subject to any deductible.
  - In-Network preventive dental services are covered at 100% of the Vantage Allowable.
  - Comprehensive dental member responsibility varies by dental code category. See the chart above for member cost share and the benefit maximum amount.
  - An Out-of-Network Provider may balance-bill you for any charges over the Vantage Allowable.

- **How does Vantage Dental coordinate with other dental supplemental policies?**
  - Standard coordination of benefit rules applies when determining the primary payor. Vantage's coverage is generally primary.
  - It is your responsibility to supply all dental coverage ID cards at the time of service.
  - Vantage will not authorize dental services or return predetermination requests when Vantage is secondary.

- **What covered services require pre-authorization? How do I request pre-authorization?**
  - Preventive and Basic Dental – No pre-authorization required.
  - Major Dental and Orthodontia – Pre-authorization required.
  - All Out-of-Network – Pre-authorization required.
  - Your dental provider may request a pre-authorization for services by contacting Vantage's Dental department.

- **Who do I call for help?**
  - Vantage's Dental department can be reached at (844) 788-1907. They can assist with dental eligibility, benefits, and claim status questions.