



Medical Cost Share - Savings Plan Plan Year 2021

| | In-Network | Out-of-Network |
|---|---------------|-------------------------------|
| Individual Medical and Drug Deductible Combined | \$7,000 | \$8,000 |
| Family Medical and Drug Deductible Combined | \$14,000 | \$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 | 100% Covered | 50% Co-insurance |
| Office Visits and Services | | |
| Primary Care Provider Office Visit | 100% Covered* | 50% Co-insurance ⁺ |
| Chiropractor | 100% Covered* | 50% Co-insurance ⁺ |
| OB/GYN | 100% Covered* | 50% Co-insurance ⁺ |
| Maternity Office Visit | 100% Covered* | 50% Co-insurance ⁺ |
| Specialty Care Provider Office Visit | 100% Covered* | 50% Co-insurance ⁺ |
| Office Labs | 100% Covered* | 50% Co-insurance ⁺ |
| Diagnostic Services | 100% Covered* | 50% Co-insurance ⁺ |
| Major Diagnostic Testing | 100% Covered* | 50% Co-insurance ⁺ |
| Wellness & Preventive Care | 100% Covered | 50% Co-insurance |
| After-Hours/Walk-In Clinics | 100% Covered* | 50% Co-insurance ⁺ |
| Urgent Care Centers | 100% Covered* | 50% Co-insurance ⁺ |
| Inpatient Services | | |
| Inpatient Semi-Private Room | 100% Covered* | 50% Co-insurance ⁺ |
| Physician Services | 100% Covered* | 50% Co-insurance ⁺ |
| Outpatient Services | | |
| Ambulatory Surgery Unit or Outpatient Surgery | 100% Covered* | 50% Co-insurance ⁺ |
| Observation Stay | 100% Covered* | 50% Co-insurance ⁺ |
| Physician Services | 100% Covered* | 50% Co-insurance ⁺ |
| Lab Services | 100% Covered* | 50% Co-insurance ⁺ |
| Major Diagnostic | 100% Covered* | 50% Co-insurance ⁺ |
| Other Hospital Outpatient Services | 100% Covered* | 50% Co-insurance ⁺ |

¹The 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.



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| Emergency Services | | |
|--|---------------|-------------------|
| Emergency Room | 100% Covered* | |
| Ambulance | 100% Covered* | |
| Durable Medical Equipment | | |
| Durable Medical Equipment | 100% Covered* | 50% Co-insurance+ |
| Extended Care Services | | |
| Long-Term Acute Care Facility | 100% Covered* | 50% Co-insurance+ |
| Rehabilitation Facility | 100% Covered* | 50% Co-insurance+ |
| Skilled Nursing Facility | 100% Covered* | 50% Co-insurance+ |
| Other Covered Services | | |
| Anti-cancer/Radiation Therapy | 100% Covered* | 50% Co-insurance+ |
| Cardiac Rehabilitation | 100% Covered* | 50% Co-insurance+ |
| Diabetes Management | 100% Covered* | 50% Co-insurance+ |
| Dialysis | 100% Covered* | 50% Co-insurance+ |
| Home Health Care | 100% Covered* | Not Covered |
| Hospice | 100% Covered* | Not Covered |
| Nutritional Counseling | 100% Covered* | 50% Co-insurance+ |
| Outpatient Habilitative Services | 100% Covered* | 50% Co-insurance+ |
| Outpatient Rehabilitative Services | 100% Covered* | 50% Co-insurance+ |
| Vision Services | | |
| Routine Vision Exam | 100% Covered* | 50% Co-insurance+ |
| Glasses and Contacts for Children | 100% Covered* | 50% Co-insurance+ |
| Mental Health Services | | |
| Outpatient Mental Health Services (Physician) | 100% Covered* | 50% Co-insurance+ |
| Inpatient Mental Health Services | 100% Covered* | 50% Co-insurance+ |
| Alcohol and Chemical Dependency | | |
| Outpatient Alcohol/Chemical Dependency (Physician) | 100% Covered* | 50% Co-insurance+ |
| Inpatient Alcohol/Chemical Dependency | 100% Covered* | 50% Co-insurance+ |
| Approved Transplant Services | | |
| Approved Transplant Services | 100% Covered* | Not Covered |

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Prescription Drug Cost Share

| <u>IN-NETWORK PRESCRIPTION DRUG MEMBER COST SHARE</u> | |
|---|---|
| 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 | 100% Coverage |
| Tier II Prescription Drugs | |
| All Pharmacies | 100% Coverage |
| Tier III Prescription Drugs | |
| All Pharmacies | 100% Coverage |
| Tier IV Prescription Drugs | |
| All Pharmacies | 100% Coverage |
| Tier V Prescription Drugs | |
| Participating Specialty Pharmacies | 100% Coverage |
| Tier VI Prescription Drugs | |
| All Pharmacies | 100% Coverage |

| <u>DIABETIC SUPPLIES AND METERS</u> | |
|--|---|
| 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 <i>\$500 combined Basic and Major max for adults.</i> | 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.