

HMOLA POS

ATTACHMENT 1 - Health Plan Description



HMO Louisiana

Blue POS Copay 80/60 \$750A

Group Size: 50 or less

Effective January 1, 2016

| Your Covered Benefits Are: | Network | Non-Network |
|--|---|------------------------------|
| Individual Deductible | \$750 | \$1,500 |
| Family Deductible | \$2,250 | \$4,500 |
| Individual Out of Pocket Max* | \$5,750 | \$11,500 |
| Family Out of Pocket Max* | \$11,500 | \$23,000 |
| Coinsurance | 80% | 60% |
| DME Coinsurance | 80% | 60% |
| Office Visits | | |
| Primary Care Physician | \$30 Co-pay per visit | Deductible then Coinsurance |
| Quality Blue Primary Care | \$15 Co-pay per visit | N/A |
| Specialist | \$45 Co-pay per visit | Deductible then Coinsurance |
| Pregnancy Care | \$45 Co-pay | Deductible then Coinsurance |
| Mental & Nervous/Alcohol & Drug | SAAOI | Deductible then Coinsurance |
| Urgent Care | \$45 Co-pay per visit | Deductible then Coinsurance |
| Lab & Low Tech Imaging | Fully Covered | Deductible then Coinsurance |
| High Tech Imaging (Free-standing) | Deductible then Coinsurance | Deductible then Coinsurance |
| Preventive & Wellness Office Visit | Fully Covered | Deductible then Coinsurance |
| Inpatient Services (Copay plans: Copay per day, 3 day max) | | |
| Inpatient Hospital Admission (Copay plans: Copay per day, 3 day max) | Deductible then Coinsurance | Deductible then Coinsurance |
| Inpatient Professional Services | Deductible then Coinsurance | Deductible then Coinsurance |
| Outpatient Services | | |
| Emergency Room (Waived if admitted) | \$150 Co-pay | |
| Outpatient Facility | Deductible then Coinsurance | Deductible then Coinsurance |
| Outpatient Professional | Deductible then Coinsurance | Deductible then Coinsurance |
| Physical, Speech, and Occupational Therapy** | \$30 Co-pay per visit | Deductible then Coinsurance |
| Lab and Low & High Tech Imaging | Deductible then Coinsurance | Deductible then Coinsurance |
| Other Covered Services | | |
| Ambulance (Medically necessary) | \$50 Co-pay | Deductible then Coinsurance |
| Prosthetics & Orthotics | Deductible then DME Coinsurance | Deductible then Coinsurance |
| Durable Medical Equipment | Deductible then DME Coinsurance | Deductible then Coinsurance |
| Skilled Nursing Facility*** | Deductible then Coinsurance | Deductible then Coinsurance |
| Home Health Care Services*** | Deductible then Coinsurance | Deductible then Coinsurance |
| Hospice Care Services*** | Deductible then Coinsurance | Deductible then Coinsurance |
| Organ & Tissue Transplant**** | Deductible then Coinsurance | Not Covered |
| Pediatric Vision & Dental (Small Groups MLR 2-50) | Routine eye exam & hardware and diagnostic & preventive dental are covered at 100% in-network | |
| Prescription Medication | | |
| | Retail Copayment | Mail Copayment |
| Drug Deductible | None | |
| Generic Drugs | \$15 | \$45 |
| Preferred Brand Drugs | \$40 | \$120 |
| Non-Preferred Brand | \$70 | \$210 |
| Specialty (Limited to a 30 day supply per fill) | 10% Specialty with \$150 max | 10% Specialty with \$150 max |
| <i>When a brand drug is dispensed and a generic equivalent exists, members are required to pay the generic copay, plus the difference in cost between the brand drug dispensed and its generic equivalent.</i> | | |

*All in-network medical and pharmacy deductibles, copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.

**Provides coverage for inpatient, outpatient and professional services subject to the same deductible and coinsurance with no dollar limit.

***Services that require pre-authorization (This is a partial list, please see the schedule of benefits for complete list.)

****Benefits for solid organ and bone marrow transplants are available only when services are rendered by a Blue Distinction Centers for Transplant (BDCT) or a Blue Cross and Blue Shield of Louisiana (BCBSLA) Preferred Provider facility, unless otherwise approved by us in writing. Services require pre-authorization.

This is only an outline. All benefits are subject to the terms and conditions of the Contract. In the case of a discrepancy, the Contract will prevail.