

Brief summary of benefits for the Health Insurance options effective April 1, 2024 -ACTIVE EMPLOYEES

This is only a BRIEF SUMMARY	KeyCare Plus 10/10%/3000 PPO Plan (Anthem BCBS)	HealthKeepers 15/20%/4000 POS Plan (Anthem BCBS)	Sentara Vantage 20/40 HMO Plan (Sentara Health)			
It is very important that you review all of your enrollment materials for more specific details.	You and your dependents may access care from any PPO provider. The PPO network is extensive. See the provider directory. You may also access care from out-of-network providers, but you will pay 30% coinsurance after the calendar year out-of-network deductible.(1)	You and your dependents may access care from any POS provider. The POS network is extensive. See the provider directory. You may also access care from out-of-network providers, but you will pay 30% coinsurance after the calendar year out-of-network deductible.(1)	You and your dependents may access care from any participating HMO network provider without obtaining a referral from your Primary Care Physician (PCP). You must use network providers except in emergency situations.			
MONTHLY EMPLOYEE COST FOR EACH OPTION						
	With Wellness Incentive	Without Wellness Incentive	With Wellness Incentive	Without Wellness Incentive	With Wellness Incentive	Without Wellness Incentive
Employee Only	\$335.10	\$361.90	\$297.00	\$320.80	\$189.10	\$204.30
Employee + Child	\$484.50	\$523.30	\$429.40	\$463.70	\$273.00	\$294.80
Employee + Spouse	\$700.30	\$756.30	\$620.60	\$670.20	\$396.60	\$428.30
Employee + Family	\$916.00	\$989.30	\$811.70	\$876.70	\$519.80	\$561.40
Calendar Year Deductible	In-Network: None		In-Network: None		None	
Your Maximum Out-of-Pocket Expense Limit Per Calendar Year for In-network Medical and Pharmacy Services	In-Network: \$3,000 Individual / \$6,000 Family (Includes Medical and Pharmacy Benefits)		In-Network: \$4,000 Individual / \$8,000 Family (Includes Medical and Pharmacy Benefits)		In-Network: \$2,500 Individual / \$5,000 Family (Includes Medical and Pharmacy Benefits)	
Referrals to Specialists Required	No		No		No	
IN-NETWORK BENEFITS						
Physician Office Visits	PCP - \$10 copay Specialist - \$30 copay		PCP - \$15 copay; EHPC provider - \$10 copay Specialist - \$35 copay		PCP - \$20 copay Specialist - \$40 copay	
Diagnostic Labs, X-rays, and Other Outpatient Diagnostic Tests	10% coinsurance		PCP - \$15 copay Specialist - \$35 copay Separate copays are not charged for services/x-rays/tests by same provider on same day as office visit.		\$40 copay	
Advanced Diagnostic Services	Examples: MRI, MRA, PET Scan, CTA and CT Scans: 10% coinsurance		Examples: MRI, MRA, PET Scan, CTA and CT Scans: 20% coinsurance		Examples: MRI, MRA, PET Scan, CTA and CT Scans: \$150 copay	
Outpatient Surgery	\$100 copay plus 10% coinsurance for facility \$30 copay for services billed by the doctor		\$300 copay at a hospital facility \$150 copay at an ambulatory surgical center		\$200 copay	
Preventive Care Services	No charge		No charge		No charge	
Maternity Care - Outpatient (Refer to Inpatient Hospital Services below for inpatient maternity benefits)	All routine pre and postnatal care (excluding inpatient stays): \$300 copay per pregnancy Diagnostic testing such as ultrasounds, non-stress tests, and other fetal monitor procedures: 10% coinsurance		All routine pre and postnatal care (excluding inpatient stays): \$300 copay per pregnancy Diagnostic testing such as ultrasounds, non-stress tests, and other fetal monitor procedures: \$35 copay		Prenatal, delivery (including delivering Obstetrician), postpartum services, and home health visits: \$450 copay	
Urgent Care Center	\$30 copay		\$35 copay		\$40 copay	
Emergency Room Visit	\$200 copay (waived if admitted) plus 10% coinsurance for facility 10% coinsurance for ER physician services		\$250 copay (waived if admitted)		\$200 copay (waived if admitted)	

Brief summary of benefits for the Health Insurance options effective April 1, 2024 -ACTIVE EMPLOYEES

This is only a BRIEF SUMMARY	KeyCare Plus 10/10%/3000 PPO Plan (Anthem BCBS)	HealthKeepers 15/20%/4000 POS Plan (Anthem BCBS)	Sentara Vantage 20/40 HMO Plan (Sentara Health)
Inpatient Hospital Services	\$200 plus 10% for facility \$30 copay for physician, nursing and professional services including anesthesia, surgical, and maternity delivery services	\$300 per day not to exceed \$1,500 for each admission	\$200 per day not to exceed \$1,000 for each admission
Outpatient Mental Health and Substance Abuse (MHSA)	Office Visit: \$10 per visit; Facility \$100 copay; Professional Provider Services \$10 copay	Office Visit: \$15 per visit; Facility \$35 copay	\$30 copay per visit
Inpatient MHSA Services	\$200 plus 10% for facility 10% coinsurance for physician, nursing and professional services including anesthesia, surgical, and maternity delivery services	\$300 per day not to exceed \$1,500 for each admission; Doctor services: \$30 copay per visit	\$200 copay per day not to exceed \$1,000 for each admission
Chiropractic Services	\$10 copay per visit Limited to 30 visits per calendar year	\$15 copay per visit (PCP referral required) Limited to 30 visits per calendar year	Discount Program (through ASHN) ASHN providers extend up to a 25% discount off their normal charges to Optima members
Routine Vision Services (part of medical plan)	Annual eye exam Adults - \$15 copay Annual eye exam Children - Covered in full Discounts on eye wear and laser vision correction surgery	Annual eye exam Adults - \$15 copay Annual eye exam Children - Covered in full Discounts on eye wear and laser vision correction surgery	Annual eye exam - No charge in network Frames or contacts covered in full up to \$100 in network
New Stand-Alone Voluntary Vision Plan- Anthem Blue View Vision (see separate Vision rate sheet). Available to all eligible employees.	See separate Anthem Blue View Vision detailed summary. This stand-alone vision plan cannot be combined with the medically embedded vision discount plan.	See separate Anthem Blue View Vision detailed summary. This stand-alone vision plan cannot be combined with the medically embedded vision discount plan.	See separate Anthem Blue View Vision detailed summary. This stand-alone vision plan cannot be combined with the medically embedded vision discount plan.
Prescription Drugs ⁽²⁾ Retail (30-Day Supply): Retail (90-Day Supply): Mail Order (90-Day Supply): Note about Specialty Drugs	\$10/\$30/\$45/20% to \$250 \$30/\$90/\$135 \$20/\$75/\$113 30-day supply for Tier 4 Specialty Drugs Only available through specialty mail order pharmacy	\$10/\$30/\$45/20% to \$250 \$30/\$90/\$135 \$20/\$75/\$113 30-day supply for Tier 4 Specialty Drugs Only available through specialty mail order pharmacy	\$10/\$40/\$60/20% to \$300 n/a \$25/\$100/\$180/20% to \$300 30-day supply for Tier 4 Specialty Drugs Only available through specialty mail order pharmacy
OUT-OF-NETWORK BENEFITS			
CY Deductible: CY Out-of-Pocket Limit: Coinsurance:	Individual / Family: \$200 / \$400 Individual / Family: \$4,500 / \$9,000 30%	Individual / Family: \$400 / \$800 Individual / Family: \$6,000 / \$12,000 30%	No benefits covered out of the network except Emergency Services

(1) When services are rendered by a non-participating provider, you may be "balance billed" for charges above the Anthem KeyCare or HealthKeepers POS network negotiated reimbursement.

(2) For a list of drugs and applicable tier, refer to the appropriate provider website (anthem.com or sentarahealth.com). Generic substitution is required by both Anthem and Sentara. Certain oral contraceptives are covered in full as required by ACA.

This summary is not a legal document and does not replace or supersede the "Evidence of Coverage", policy, or the Summary Plan Description. Please refer to the Evidence of Coverage, insurance policy, or Summary Plan Description for a complete description of the coverage, eligibility criteria, controlling terms, exclusions, limitations, and conditions of coverage. Jefferson Science Associates reserves the right to terminate, suspend, withdraw, reduce, or modify the benefits described in the Evidence of Coverage/Policy/Summary Plan Description in whole or in part, at any time. No statement in this or any other document and no oral representation should be construed as a waiver of this right. This summary is the confidential property of Jefferson Science Associates.