



# FBC PPO POOL PLAN 3

## Benefit Highlights

### January 1, 2023 - December 31, 2023

#### MEMBER PAYS

CALENDAR YEAR DEDUCTIBLE	PPO PROVIDERS	NON-PPO PROVIDERS
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The calendar year deductible must be met prior to benefits being paid, with the exception of services listed below with a dollar copay. Those services are not subject to the deductible.

Deductibles	\$250 Individual	\$500 Individual
	\$750 Family	\$1,500 Family

ANNUAL OUT-OF-POCKET MAXIMUM	PPO PROVIDERS	NON-PPO PROVIDERS
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The following do not apply to this out-of-pocket maximum: chiropractic & acupuncture and non-covered expenses (refer to "Prescription Drugs" for separate out-of-pocket maximum)

Out-of-Pocket Maximum	\$3,000 Individual	\$6,000 Individual
	\$6,000 Family	\$12,000 Family

LIFETIME MAXIMUM BENEFIT	PPO PROVIDERS	NON-PPO PROVIDERS
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Per member		Unlimited
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**Members may choose from a network of available physicians and facilities (PPO Providers) or may choose a provider who is not in the network (Non-PPO Providers). Payment for covered expenses are based on the allowable amount for the covered expense, which is the lesser of the charges billed or the following:**

**PPO PROVIDERS - the provider negotiated contracted rate(s). Members are not responsible for the difference between the PPO providers charge and the negotiated discount amount.**

**NON-PPO PROVIDERS - the usual, customary and reasonable (UCR) charge as defined in the Plan Document . Members are responsible for any amount determined to exceed the UCR amount in addition to any deductible, copay or coinsurance.**

#### MEMBER PAYS

PROFESSIONAL SERVICES	PPO PROVIDERS	NON-PPO PROVIDERS
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Office visits	\$20 copay	30% of UCR
Adult preventive services and screenings*	No charge	30% of UCR
Preventive care for women*	No charge	30% of UCR
Preventive care for children*	No charge	30% of UCR
Routine vaccinations/immunizations adults and children*	No charge	30% of UCR
Physician visits to hospital or skilled nursing facility	10%	30% of UCR
Allergy testing	10%	30% of UCR
Allergy injection services/serum	10%	30% of UCR
Therapeutic injections	10%	30% of UCR
Surgeon and assistant surgeon	10%	30% of UCR
Administration of anesthetics	10%	30% of UCR
Diagnostic x-ray and laboratory procedures	10%	30% of UCR
Physical and Occupational Therapies	\$20 copay	30% of UCR
Limited to 60 visits per calendar year combined		
Speech Therapy is limited to treatment following surgery, injury or non-congenital organic disease	\$20 copay	30% of UCR

**\*COVERAGE FOR EVIDENCE BASED PREVENTIVE SERVICES AS DEFINED UNDER THE HEALTH CARE REFORM REGULATIONS**

## MEMBER PAYS

<b>HOSPITAL AND SKILLED NURSING FACILITY SERVICES (Precertification required for all inpatient admissions)</b>	<b>PPO PROVIDERS</b>	<b>NON-PPO PROVIDERS</b>
Unlimited days of hospital care in a semi-private room or ICU including ancillary charges	10%	30% of UCR
Confinement in skilled nursing facility (confinement for non-skilled or custodial care is not covered)	10%	30% of UCR
Maternity care	10%	30% of UCR
Outpatient surgery and services ( <i>except emergency room</i> )	10%	30% of UCR

## MEMBER PAYS

<b>EMERGENCY CARE AND SERVICES**</b>	<b>PPO PROVIDERS</b>	<b>NON-PPO PROVIDERS</b>
Use of emergency room facility ( <i>copay waived if admitted</i> )		\$150 copay
Emergency room physician services		10%
Use of urgent care, facility and professional services		\$50 copay

**\*\* EMERGENCY CARE COVERED AS DEFINED UNDER THE HEALTH CARE REFORM REGULATIONS**

## MEMBER PAYS

<b>MATERNITY CARE (Professional Services Only)</b>	<b>PPO PROVIDERS</b>	<b>NON-PPO PROVIDERS</b>
Initial office visit	\$20 copay	30% of UCR
Delivery	10%	30% of UCR
Termination of pregnancy	10%	30% of UCR

## MEMBER PAYS

<b>FAMILY PLANNING</b>	<b>PPO PROVIDERS</b>	<b>NON-PPO PROVIDERS</b>
Insertion / removal of intra-uterine devices (IUD)	10%	30% of UCR
Intra-uterine device		50% of cost
Depo-Provera injection and medication ( <i>limited to 1 injection every 90 days</i> )	10%	30% of UCR
Infertility services ( <i>limited to diagnostic testing only</i> )	10%	30% of UCR
Sterilization procedures ( <i>tubal ligation and vasectomy</i> )	10%	30% of UCR

## MEMBER PAYS

<b>OTHER SERVICES</b>	<b>PPO PROVIDERS</b>	<b>NON-PPO PROVIDERS</b>
Ground and air ambulance		10% of UCR
Durable medical equipment - rental or purchase of medically necessary equipment and supplies	10%	30% of UCR
Prosthetic devices	10%	30% of UCR
Blood, blood plasma, blood factors and blood derivatives	10%	30% of UCR
Nuclear medicine	10%	30% of UCR
Chemotherapy	10%	30% of UCR
Renal dialysis	10%	30% of UCR
Home health care ( <i>limit of 100 visits per calendar year</i> )	10%	30% of UCR
Hospice Care - inpatient and outpatient services (member life expectancy of 6 months or less and subject to utilization review every 60 days)	10%	30% of UCR
Hearing aid - max of \$5,000 every 3 years. Limited to 1 hearing aid per ear (repair/replacement) every 3 years.	10%	30% of UCR

**MEMBER PAYS**

<b>CHIROPRACTIC AND ACUPUNCTURE</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Chiropractic/manual manipulation & Acupuncture: Combine maximum 30 visits a calendar year for in-network and out-of-network. Only 10 visits allowed for out-of-network (covers office visits also)	\$20 copay	Benefits Amount: 50% Maximum Benefit: \$30 per visit
X-rays, radiological consultations and clinical lab studies	Maximum Benefit: \$300 per cal yr	Benefit Amount: 50% Benefit Max/Year: \$100 per cal yr
Supports and appliances	Maximum Benefits: \$50 per cal yr, combine with related out of network benefits	Maximum Benefits: \$20 per cal yr, combine with related in-network benefits

**MEMBER PAYS**

<b>MENTAL HEALTH</b>		
InPatient Treatment (including Partial & Day Treatment)	10%	30% of UCR
Outpatient Mental Health Visits	\$20 copay	30% of UCR

**MEMBER PAYS**

<b>CHEMICAL DEPENDENCY</b>		
Inpatient, Rehabilitation, Detoxification	10%	30% of UCR
Outpatient Chemical Dependency Visits	\$20 copay	30% of UCR

**MEMBER PAYS**

<b>SEVERE MENTAL ILLNESS (SMI)</b>		
InPatient Treatment (including Partial & Day Treatment)	10%	30% of UCR
Outpatient Mental Health Visits	\$20 copay	30% of UCR

**ORGAN AND TISSUE TRANSPLANTS**

Human organ and tissue transplants benefits are provided according to the terms and conditions set forth in a separate Organ & Tissue Transplant Policy that has been issued to the Plan. Transplant related benefits will be provided to each covered person during the transplant benefit period specified in the Transplant Policy.

<b>PRESCRIPTION DRUGS - ANNUAL OUT-OF-POCKET MAXIMUM</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
	\$2,600 Individual	No Out-of-Pocket
	\$5,200 Family	Maximum

**MEMBER PAYS**

<b>RETAIL PRESCRIPTION DRUGS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Member pays the following per 30-day supply based on the Express-Scripts National Formulary:		
Generic	\$10	Not Covered
Preferred	\$25	Not Covered
Non-preferred	\$40	Not Covered

*Pharmacy benefit services are provided by Express-Scripts and administered by RxBenefits, Inc. Members may access the most current Express-Scripts National Preferred Drug Formulary at [www.Express-Scripts.com](http://www.Express-Scripts.com). Members with pharmacy benefit questions should contact Members Services at 1-800-334-8134.*

*Members taking a maintenance medication have the option of Home Delivery through Express-Scripts mail order or filling up to a 90-day supply at Walgreens or CVS retail pharmacies. Some medications on the Express-Scripts National Preferred Formulary may be subject to quantity limits or require prior authorization.*

MEMBER PAYS

MAIL ORDER PRESCRIPTION DRUGS	EXPRESS-SCRIPTS MAIL ORDER WALGREENS or CVS	NON-EXPRESS- SCRIPTS
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Member pays the following per 90-day supply based on the Express-Scripts National Formulary:

Generic	\$20	Not Covered
Preferred	\$50	Not Covered
Non-preferred	\$80	Not Covered

*Members taking a maintenance medication must use the Home Delivery through Express-Scripts mail order or may fill up to a 90-day supply at Walgreens or CVS retail pharmacies. Some medications on the Express-Scripts National Preferred Formulary may be subject to quantity limits or require prior authorization.*

*Pharmacy benefit services are provided by Express-Scripts and administered by RxBenefits, Inc. Members may access the most current Express-Scripts National Preferred Drug Formulary at [www.Express-Scripts.com](http://www.Express-Scripts.com). Members with pharmacy benefit questions should contact Members Services at 1-800-334-8134.*

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***This plan does not include any limitations or exclusions for a pre-existing condition, except in cases of organ transplants and is based on the carved-out transplant benefit policy. This Summary of Benefits is a brief outline of the benefits and does not create or confer any rights. It is only a brief summary of the plan benefits and it should not be accepted or construed as a substitute to the Master Plan Document. Benefits are paid based on eligible expenses.***