

## Currahee Advantage Medical Schedule of Benefits (2021 Plan Year)

Plan Name	Currahee Advantage Plan I: 100925A		
Network	SCH	Health Partners/ PHCS	
Prescription (Rx)	\$5/\$25/\$50/20% for any drug that costs more than \$120 per 30-day supply		

Note: Services where plan deductible applies are noted with a caret (^)

	Stephens County Hospital & Physicians	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	\$750.00	\$1,500	\$3,000
Family Deductible	\$2,250.00	\$4,500	\$9,000
Lifetime Maximum Benefit	Unlimited		
Coinsurance after Deductible	90%	80%	50%
Individual Out of Pocket Max	\$3,000	\$3,750	UNLIMITED
Family Out of Pocket Max	\$9,000	\$11,250	UNLIMITED

\*\*\*Primary Network for Hospital Utilization: The primary Network for hospital utilization is Stephens County Hospital. SCH **MUST BE USED** if the service is available at the facility. It is important to understand that if a service can be done at SCH, then that is the only option, or the services will **NOT BE COVERED**.

Covered Medical Expenses	Stephens County Hospital & Physicians	IN-NETWORK	OUT-OF-NETWORK
Advanced Radiological Imaging	100%	80 % <sup>^</sup>	50 % <sup>^</sup>
Allergy Services			
Office Visit	90% after \$25 Copay	80% after \$25 Copay	50% <sup>^</sup>
Injections	90%	80%	50% <sup>^</sup>
Serum	90%	80%	50% <sup>^</sup>
Ambulance	90% after SCH Deductible <sup>^</sup>		
Ambulatory Surgical Center	90% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Anesthesia	90% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Birthing Center	90% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Chiropractic Care <i>Max of 50 visits per calendar year</i>	50% <sup>^</sup>		
Clinical Trials (Patient Cost)	Covered, See specific services		
Durable Medical Equipment	N/A	80% <sup>^</sup>	50% <sup>^</sup>
Home Health Care <i>Max 1 Visit per day</i>	100%		
Hospice Care			
Inpatient	100%		50% <sup>^</sup>
Outpatient	100%		50% <sup>^</sup>
Family Berevement Counseling	100%		50% <sup>^</sup>
Hospital			
Inpatient Treatment	90% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Outpatient Treatment	See Specific Services	See Specific Services	See Specific Services
Additional Per Admission Deductible	\$300 (waived if admitted to SCH)		
Precertification Required- \$150 penalty plus 40% reduction in coinsurance for non-compliance.			
Mental Health Services			
Inpatient	90% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Outpatient	90% after \$25 Copay	80% after \$25 Copay	50% <sup>^</sup>
Newborn Care	90% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Outpatient Diagnostic X-Ray & Lab	100%	80% <sup>^</sup>	50% <sup>^</sup>
Outpatient Dialysis	90% <sup>^</sup>	80% <sup>^</sup>	50% <sup>^</sup>
Outpatient Emergency Services- Emergency & non-emergency treatment	\$100 ER Copay, then 90% after deductible		
Special Conditions	\$100 Copay waived if admitted		
Physician Services-			
Office Visit	90% after \$25 Copay	80% after \$25 Copay	50% <sup>^</sup>
Lab & X-ray	100%	80%	50% <sup>^</sup>
All other services	90%	80%	50% <sup>^</sup>
Pregnancy Expenses (Employee & Spouse only)	See specific services		

Routine/Preventive Care All Services (excludes immunizations) (excludes tobacco cessation products) (excludes Rx contraceptives)	100%		50%^
Immunizations- 18 & under	100%	100%	50%^
Immunizations- 19 & over	SCH- 100% Stephens County Physicians- No coverage	Not covered	Not covered
Tobacco Cessation Products	SCH- 100% Stephens County Physicians- No coverage	Not covered	Not covered
Rx Contraceptives	SCH- 100%, Cost-sharing may apply to brand-name drugs that have a generic equivalent. Stephens County Physicians- 100%, Cost-sharing may apply to brand-name drugs that have a generic equivalent.	100%, Cost-sharing may apply to brand-name drugs that have a generic equivalent.	Not covered
Private Duty Nursing <i>Inpatient only</i>	90%^	80%^	50%^
Prosthetics, Orthotics, Supplies & Surgical Dressings <i>Foot orthotics limited to \$250</i>	90%^	80%^	50%^
Second Surgical Opinions	See Physician Services		
Skilled Nursing Facility <i>30 days per Calendar year</i>	90%^	80%^	50%^
Substance Use Disorders Inpatient Treatment	90%^	80%^	50%^
Outpatient Treatment	90% after \$25 Copay	80% after \$25 Copay	50%^
Surgery	90%^	80%^	50%^
Temporomandibular Joint Disorder (TMJ)- <i>\$1,000 lifetime maximum limit for appliances and procedures.</i>	50%^		
Therapy- Cardiac Rehab Therapy	90%^	80%^	50%^
Chemotherapy	90%^	80%^	50%^
Radiation Therapy	90%^	80%^	50%^
Respiration Therapy	90%^	80%^	50%^
Rehabilitative- Occupational Therapy	90%^	80%^	50%^
Physical Therapy	90%^	80%^	50%^
Speech Therapy	90%^	80%^	50%^
Habilitative- Applied Behavior Analysis (ABA) Therapy- <i>(Max benefit limit- \$10,000/ year. Coverage up to age 6)</i>	90%^	80%^	50%^
Occupational Therapy	90%^	80%^	50%^
Physical Therapy	90%^	80%^	50%^
Speech Therapy	90%^	80%^	50%^
Transplants Recipient Expenses	90%^	80%^	50%^
Donor Expenses <i>(Max donor benefit limit of \$20,000)</i>	90%^	80%^	50%^
Urgent Care	90% after \$25 Copay 100%- Labs,x-rays 90%- Surgery	80% after \$25 Copay 80%- Labs,x-rays & Surgery	50%^
All Other Covered Services	90%^	80%^	50%^
Prescriptions Co-pays	RETAIL PHARMACY (SCH Pharmacy Only)		
Generic	\$5		
Preferred	\$25		
Non-Preferred	\$50		
Specialty Drugs	20% for any drug that costs more than \$120 per 30 day supply		
Preventive	No copay is required for most drugs that fall under the Affordable Care Act. Cost-sharing may apply to brand name Rx contraceptives that have a generic equivalent.		
*For Prescription Drugs not purchased at the Stephens County Hospital pharmacy – covered at 80% subject to the Benefit Year deductible of \$1,500. Submit the itemized receipts to: Core Management Resources at P. O. Box 90, Macon, GA 310202 for processing. Routine/Preventive immunizations for participants 19 and over, tobacco cessation products and Rx contraceptives are covered only when dispensed by the Stephens County Hospital pharmacy.			