

Currahee Advantage Medical Schedule of Benefits (2023 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 . ***The SCH Plan alignment does not include any covered expenses at St. Mary's Health Care System facilities. St. Mary's Sacred Heart (Lavonia, GA), St. Mary's (Lake Oconee), St. Mary's (Athens, GA).			
Covered Medical Expenses	Stephens County Hospital & Physicians	IN-NETWORK	OUT-OF-NETWORK
Advanced Radiological Imaging	100% (including Radiologist charges)	80 %^	50 %^
Allergy Services	90% after \$25 Copay	80% after \$25 Copay	50%^
Office Visit			
Injections			
Serum			
Ambulance	90% after SCH Deductible^		
Ambulatory Surgical Center	90%^	80%^	50%^
Anesthesia	90%^	80%^	50%^
Birthing Center	90%^	80%^	50%^
Chiropractic Care	50%^		
Max of 50 visits per calendar year			
Clinical Trials (Patient Cost)	Covered, See specific services		
Durable Medical Equipment	N/A	80% ^	50% ^
Home Health Care	100%		
Max 1 Visit per day			
Hospice Care	100%		50%^
Inpatient			
Outpatient			
Family Bereavement Counseling			
Hospital	90%^	80%^	50%^
Inpatient Treatment			
Outpatient Treatment			
See Specific Services	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	90%^	80%^	50%^
Inpatient			
Outpatient			
Newborn Care	90%^	80%^	50%^
Outpatient Diagnostic X-Ray & Lab	100% (including Radiologist charges for imaging)	80%^	50%^
Outpatient Dialysis	90%^	80%^	50%^
Outpatient Emergency Services-	\$100 ER Copay, then 90% after deductible		
Emergency & non-emergency treatment			
Special Conditions	\$100 Copay waived if admitted		
Physician Services-	90% after \$25 Copay	80% after \$25 Copay	50%^
Office Visit			
Lab & X-ray			
All other services			
Pregnancy Expenses (Employee & Spouse only)	100% (including Radiologist charges for imaging)	80%	50%^
	90%	80%	50%^
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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	<u>SCH- 100%</u> <u>Stephens County Physicians- No coverage</u>	Not covered	Not covered
Tobacco Cessation Products	<u>SCH- 100%</u> <u>Stephens County Physicians- No coverage</u>	Not covered	Not covered
Rx Contraceptives	<u>SCH- 100%</u> , Cost-sharing may apply to brand-name drugs that have a generic equivalent. <u>Stephens County Physicians- 100%</u> , 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	90% [^]	80% [^]	50% [^]
Inpatient Treatment	90% after \$25 Copay	80% after \$25 Copay	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 (Includes Radiologist charges for imaging) 90%- Surgery	80% after \$25 Copay 80%- Labs,x-rays & Surgery	50% [^]
Work Well Office Visit	\$25 Office Visit Copay, then covered at 100%		
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.