

Currahee Advantage Medical Schedule of Benefits (2020 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
Covered Medical Expenses	Stephens County Hospital & Physicians	IN-NETWORK	OUT-OF-NETWORK
Advanced Radiological Imaging	100%	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%^		
<i>Max of 50 visits per calendar year</i>			
Clinical Trials (Patient Cost)	Covered, See specific services		
Durable Medical Equipment	N/A	80% ^	50% ^
Home Health Care	100%		
<i>Max 1 Visit per day</i>			
Hospice Care	100%		50%^
Inpatient	100%		50%^
Outpatient	100%		50%^
Family Berevement Counseling			
Hospital			
Inpatient Treatment	90%^	80%^	50%^
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%^	80%^	50%^
Outpatient	90% after \$25 Copay	80% after \$25 Copay	50%^
Newborn Care	90%^	80%^	50%^
Outpatient Diagnostic X-Ray & Lab	100%	80%^	50%^
Outpatient Dialysis	90%^	80%^	50%^
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%^
Lab & X-ray	100%	80%	50%^
All other services	90%	80%	50%^
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 Outpatient Treatment	90% [^] 90% after \$25 Copay	80% [^] 80% after \$25 Copay	50% [^] 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 Chemotherapy Radiation Therapy Respiration Therapy	90% [^] 90% [^] 90% [^] 90% [^]	80% [^] 80% [^] 80% [^] 80% [^]	50% [^] 50% [^] 50% [^] 50% [^]
Rehabilitative- Occupational Therapy Physical Therapy Speech Therapy	90% [^] 90% [^] 90% [^]	80% [^] 80% [^] 80% [^]	50% [^] 50% [^] 50% [^]
Habilitative- Applied Behavior Analysis (ABA) Therapy- <i>(Max benefit limit- \$10,000/ year. Coverage up to age 6)</i> Occupational Therapy Physical Therapy Speech Therapy	90% [^] 90% [^] 90% [^] 90% [^]	80% [^] 80% [^] 80% [^] 80% [^]	50% [^] 50% [^] 50% [^] 50% [^]
Transplants Recipient Expenses Donor Expenses <i>(Max donor benefit limit of \$20,000)</i>	90% [^] 90% [^]	80% [^] 80% [^]	50% [^] 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.			