

Currahee Advantage Medical Schedule of Benefits (2020 Plan Year)

Plan Name	Currahee Advantage Plan 2: 100925B		
Network	SCH	Health Partners/ PHCS	
Prescription (Rx)	\$5/\$25/\$50/20% after a \$120 copay 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	\$2,000.00	\$4,000	\$6,000
Family Deductible	\$4,000.00	\$8,000	\$12,000
Lifetime Maximum Benefit	Unlimited		
Coinsurance after Deductible	90%	80%	50%
Individual Out of Pocket Max	\$4,000	\$6,000	UNLIMITED
Family Out of Pocket Max	\$8,000	\$12,000	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%^		
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			50%^
Outpatient			50%^
Family Berevemet Counseling			50%^
Hospital	90%^ See Specific Services	80%^ See Specific Services	50%^ See Specific Services
Inpatient Treatment			
Outpatient Treatment			
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%^ 90% after \$25 Copay	80%^ 80% after \$25 Copay	50%^ 50%^
Inpatient			
Outpatient	90%^	80%^	50%^
Newborn Care			
Outpatient Diagnostic X-Ray & Lab	100%	80%^	50%^
Outpatient Dialysis	90%^	80%^	50%^
Outpatient Emergency Services-	\$100 ER Copay, then 90% after deductible		
Emergency & non-emergency treatment			
Special Conditions	\$100 ER Copay waived if admitted		
Physician Services-	90% after \$25 Copay	80% after \$25 Copay	50%^ 50%^ 50%^
Office Visit			
Lab & X-ray			
All other services			
Pregnancy Expenses (Employee & Spouse only)	See specific services		
Routine/Preventive Care	100%		50%^
All Services			
(excludes immunizations)			
(excludes tobacco cessation products)			
(excludes Rx contraceptives)			
Immunizations- 18 & under	100%	100%	50%^
Immunizations- 19 & over	SCH- 100% Stephens County Physicians- No coverage		Not covered
Tobacco Cessation Products	SCH- 100% Stephens County Physicians- No coverage		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	90%^	80%^	50%^
Inpatient Treatment	90% after \$25 Copay	80% after \$25 Copay	50%^
Outpatient Treatment			
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% after a \$120 copay 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 \$4,000. Submit the itemized receipts to:Core Management Resources at P. O. Box 90, Macon, GA 31202 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.			