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 %^	50 %^
Allergy Services Office Visit Injections Serum	 90% after $25 Copay 90% 90%	 80% after $25 Copay 80% 80%	 50%^ 50%^ 50%^
Ambulance	90% after SCH Deductible^		
Ambulatory Surgical Center	90%^	80%^	50%^
Anesthesia	90%^	80%^	50%^
Birthing Center	90%^	80%^	50%^
Chiropractic Care *Max of 50 visits per calendar year*	50%^		
Clinical Trials (Patient Cost)	Covered, See specific services		
Durable Medical Equipment	N/A	80% ^	50% ^
Home Health Care *Max 1 Visit per day*	100%		
Hospice Care Inpatient Outpatient Family Berevement Counseling	 100% 100% 100%		 50%^ 50%^ 50%^
Hospital Inpatient Treatment Outpatient Treatment	 90%^ See Specific Services	 80%^ See Specific Services	 50%^ 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 Outpatient	 90%^ 90% after $25 Copay	 80%^ 80% after $25 Copay	 50%^ 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 Special Conditions	 $100 ER Copay, then 90% after deductible $100 Copay waived if admitted		
Physician Services- Office Visit Lab & X-ray All other services	 90% after $25 Copay 100% 90%	 80% after $25 Copay 80% 80%	 50%^ 50%^ 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 ***Inpatient only***	**90%^**	**80%^**	**50%^**
Prosthetics, Orthotics, Supplies & Surgical Dressings ***Foot orthotics limited to $250***	**90%^**	**80%^**	**50%^**
Second Surgical Opinions	**See Physician Services**		
Skilled Nursing Facility ***30 days per Calendar year***	**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)- ***$1,000 lifetime maximum limit for appliances and procedures.***	**50%^**		
Therapy- **Cardiac Rehab Therapy** **Chemotherapy** **Radiation Therapy** **Respiration Therapy**	**90%^ 90%^ 90%^ 90%^**	**80%^ 80%^ 80%^ 80%^**	**50%^ 50%^ 50%^ 50%^**
Rehabilative- **Occupational Therapy** **Physical Therapy** **Speech Therapy**	**90%^ 90%^ 90%^**	**80%^ 80%^ 80%^**	**50%^ 50%^ 50%^**
Habilitative- **Applied Behavior Analysis (ABA) Therapy-** ***(Max benefit limit- $10,000/ year. Coverage up to age 6)*** **Occupational Therapy** **Physical Therapy** **Speech Therapy**	**90%^ 90%^ 90%^ 90%^**	**80%^ 80%^ 80%^ 80%^**	**50%^ 50%^ 50%^ 50%^**
Transplants **Recipient Expenses** **Donor Expenses** ***(Max donor benefit limit of $20,000)***	**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%^**
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.