

Currahee Advantage Medical Schedule of Benefits (2024 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% (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%^ 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%^	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- Emergency & non-emergency treatment	\$100 ER Copay, then 90% after deductible		
Special Conditions	\$100 Copay waived if admitted		
Physician Services-	90% after \$25 Copay	80% after \$25 Copay	50%^
Office Visit	100% (including Radiologist charges for imaging)		
Lab & X-ray	80%		
All other services	80%		
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	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	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 (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.			