



## CURRENT 15-16 Plan Benefits

- **\$3,000,000** Maximum Benefit
- **\$15.00** Office Visit Copay
- **\$50.00** Hospital/ER Copay
- **100%** In-Network
- **90%** Out-of-Network
- **\$1,000** Out-of-Pocket Limit
- **No waiting periods** for Pre-Existing Conditions
- Maternity **covered regardless of conception date**
- **Physiotherapy**—no limit
- **Chiropractic**—no limit
- **Acupuncture**—no limit
- **Massage**—no limit
- **Organ Transplants**—covered as any other sickness
- **Transgender/Sexual Reassignment** surgery, hormone therapy, etc.—covered as any other sickness

## UPCOMING 16-17 Plan Changes

- **\$2,000,000** Maximum Benefit
- **\$20.00** Office Visit Copay
- **\$100.00** Hospital/ER Copay
- Same—**100%** In-Network
- **80%** Out-of-Network
- **\$2,500** Out-of-Pocket Limit
- **3-Month waiting period** with **3-Month look-back period** for Pre-Existing Conditions
- Maternity covered if **conception occurs after effective date of coverage**
- **Physiotherapy**—limited to **12 visits** per plan year
- **Chiropractic**—limited to **12 visits** per plan year
- **Acupuncture**—limited to **12 visits** per plan year
- **Massage**—limited to **12 visits** per plan year
- **Organ Transplants**—not covered
- **Transgender/Sexual Reassignment** surgery, hormone therapy, etc.—not covered

## DEFINITIONS

- ◆ **Maximum Benefit:** the maximum amount the plan will pay each plan year per sickness or injury.
- ◆ **Copay:** the portion you are responsible for of the total charges for your visit.
- ◆ **In-Network:** covered charges are paid at this benefit level if the provider participates with the plan's PPO network of First Choice Health.
- ◆ **Out-of-Network:** covered charges are paid at this benefit level if the provider DOES NOT participate with the plan's PPO network.
- ◆ **Out-of-Pocket Limit:** When you see an out-of-network provider for a covered service, in most cases, charges are paid at 80% of Usual, Reasonable & Customary (URC) charges, leaving you with a 20% co-insurance. The co-insurance is then calculated into the Out-of-Pocket Limit. When you have reached \$2,500 of the Out-of-Pocket Limit, the plan will then pay 100% of URC for any remaining visits for the plan year.
- ◆ **Pre-Existing Condition:** a sickness or injury that was treated, diagnosed or medication taken for **within 3 months before the effective date of coverage** under the policy. Pre-existing conditions are covered after the first 3 months of coverage.