

The SelectCare POS Plan

Summary of Benefits for the Employees and Retirees of the State of Vermont

What Does “POS” Mean?

- The “SelectCare POS Plan” is a “Point-of-Service” (POS) plan. In this plan, you decide whether or not to use a network doctor or hospital at the “**point of service**”, meaning, each time you use a medical service. When you use a network provider, the plan is similar to an HMO, with no annual deductible and small copay per visit.

It’s Your Choice

- You get access to quality care at the lowest out-of-pocket costs available under your plan by having your care coordinated through your Primary Care Physician and by seeing network providers. You also get the **freedom to choose** providers who aren’t part of the network. Your copays are lowest when you see participating providers, but you’re still covered for visits to non-network providers at a higher cost share.

Important Medical Plan Features

- You may choose a Primary Care Physician (PCP) – your personal doctor -- to coordinate your care. As your needs change, you may change your Primary Care Physician for any reason.
- **Preventive care services** for every covered family member and paid at 100%.
- See a participating OB/GYN – **no referral** required.
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**.

Drug Plan

- The program is administered by Express Scripts, Inc. The annual deductible is \$25 per covered person per year. The plan covers 90% of the cost of generic drugs, 80% of the cost of preferred brand drugs and 60% of the cost for non-preferred brand drugs. The maximum out-of-pocket cost per individual per year is \$775 (which includes the deductible). **40% copay drugs do not contribute to the maximum out of pocket limit.** At the local pharmacy, you show your drug plan card and pay your copay; the State is automatically billed for the balance of the cost. The drug plan also features a mail order option, with the convenience of direct home delivery for long-term maintenance drugs.

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Primary Care Physician (PCP) Office Visit such as: <u>Preventive Care/Well Care:</u> Periodic Physical Exams (Children and Adults) Routine Immunizations and Injections Adult/Child Medical Care for Illness or Injury Procedures performed in a Physician's Office</p> <p>Routine Mammograms</p>	<p>YOUR COST IS THE COPAY – WITH NO ANNUAL MEDICAL DEDUCTIBLE.</p> <p>Paid at 100% Paid at 100%. \$20 Copay per office visit \$20 Copay Paid at 100%</p>	<p>THE PLAN PAYS 70% AFTER THE ANNUAL MEDICAL DEDUCTIBLE.</p> <p>70% 70% 70% 70% Paid at 100%</p>
<p>Specialist Office Visits such as: Consultations and Referral Physician Services Well Care (Includes Pap Test and PSAs) Procedures performed in Physician's office</p>	<p>\$20 Copay per office visit Paid at 100% \$20 Copay per office visit</p>	<p>70% 70% 70%</p>
<p>Inpatient Hospital Services: Semi-Private Room and Board Physician Services Diagnostic/Therapeutic Lab and X-ray Drugs and Medication Operating and Recovery Room Radiation Therapy and Chemotherapy Anesthesia and Inhalation Therapy</p> <p>Inpatient Surgeon's Charges Second Surgical Opinion</p>	<p>\$250 Copay per admission</p> <p>Paid at 100%. \$20 Copay per office visit.</p>	<p>70%</p> <p>All inpatient hospital admissions require Precertification. Call the toll-free number on your ID Card.</p> <p>70% 70%</p>
<p>Outpatient Facility Services including: Operating Room, Recovery Room, Procedure Room and Treatment Room including: Physician Services Diagnostic/Therapeutic Lab and X-rays Anesthesia and Inhalation Therapy</p> <p>Outpatient Preadmission Testing Office Visit Outpatient Facility</p>	<p>Paid at 100%.</p> <p>Paid at 100%. Paid at 100%.</p>	<p>70%</p> <p>70% 70%</p>
<p>Laboratory and Radiology Services such as: MRIs, MRAs, CAT Scans and PET Scans Other Laboratory and Radiology Services</p>	<p>Paid at 100%.</p>	<p>70%</p>
<p>Short-Term Rehabilitative Therapy including Physical, Speech, Occupational and Chiropractic Therapies.</p>	<p>\$20 Copay per office visit – Maximum of 60 visits per year in aggregate.*</p>	<p>70% Maximum of 60 visits per year in aggregate.*</p>
<p>Prescription Drugs For both Retail and Mail Order Drugs Combined: Annual Deductible (Separate from your medical deductible)</p> <p>Plan Pays</p> <p>Your 2016 Annual Maximum Copay, excluding deductible 2016 Maximum Out-Of-Pocket expense per year</p>	<p>\$25 per individual/\$75 per family</p> <p>90% for generic drugs, 80% for preferred brand drugs, and 60% for non-preferred brand drugs \$750 per person \$775 per person (\$750 maximum copays plus \$25 annual deductible.) , then the plan pays 100% for the rest of the calendar year</p>	<p>Not Covered</p>
<p>Emergency and Urgent Care Services at: Physician's Office Emergency Room, Urgent Care or Outpatient Facility Ambulance</p>	<p>\$20 Copay \$50 Copay per visit, (waived if admitted) Paid at 100%.</p>	<p>If true emergency, benefits are the same as the in-network benefits. If not a true emergency, benefits are paid at 70%.</p>
<p>Maternity Care Services Initial Office Visit to Confirm Pregnancy All other office visits <u>Delivery</u> Hospital Charges Physician Charges</p>	<p>\$20 Copay Paid at 100%.</p> <p>\$250 Copay per admission Paid at 100%.</p>	<p>70% 70%</p> <p>70% 70%</p>
<p>Inpatient Services at Other Health Care Facilities including: Skilled Nursing, Rehabilitation and Sub-Acute Facilities</p>	<p>Paid at 100%. 60 days maximum per calendar year</p>	<p>70%. Precertification applies. 60 days maximum per calendar year</p>
<p>Home Health Services</p>	<p>Paid at 100%.</p>	<p>70% ; 40 visits per calendar yr.</p>
<p>Family Planning Services Office Visits (tests, counseling) X-ray/lab if billed by separate facility Vasectomy/Tubal Ligation (excludes reversals) Inpatient Facility Outpatient Facility Surgery in Physician's Office</p>	<p>\$20 Copay Paid at 100%.</p> <p>\$250 per admission Paid at 100%. \$20 Copay</p>	<p>70% 70%</p> <p>70% Precertification applies 70% 70%</p>
<p>Infertility Treatment – Up to \$50,000/lifetime Office Visits (tests, counseling) X-ray/lab if billed by separate facility Treatment/Surgery (includes In-vitro Fertilization, Artificial Insemination, GIFT and ZIFT) done at an inpatient or outpatient facility or physician's office.</p>	<p>\$20 Copay Paid at 100%. Paid at 100%.</p>	<p>Covered in-network only</p> <p>Covered in-network only</p>

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<u>Mental Health and Substance Abuse Precertification Required</u>		
Inpatient Mental Health	100%	70%
Inpatient Substance Abuse	100%	70%
Inpatient Substance Abuse Detoxification	100%	70%
Inpatient Substance Abuse Rehab Facility	100%	70%
Outpatient Mental Health	100%	70%
Marital/Family Counseling	100%	Not Covered
Outpatient Substance Abuse	100%	70%
Durable Medical Equipment	Paid at 100%.	70%
External Prosthetic Appliances	Paid at 100%.	70%
Vision Care	\$100 every two calendar years, no deductible or coinsurance, routine exams and lenses.	
OTHER BENEFIT INFORMATION		
<u>Annual Deductible</u> Individual Family	None None	\$500 \$1,000
<u>Annual Out-of-Pocket (OOP) Maximum</u> Individual Family	None None	\$2,000 plus deductible \$6,000 plus deductible
Coinsurance	None	The plan pays 70% of eligible charges after the annual deductible is met. You pay 30% of the charges after the annual deductible is met.
Precertification (Inpatient, Outpatient, and MRI's)	Handled by your physician	Member must obtain approval
Lifetime Maximum	Unlimited	Unlimited

* Out-of-network treatment maximums are reduced by in-network services used.

If you use an In-Network Provider (In-Network Services):

- All services must be provided by or referred by your Primary Care Physician (PCP) in order to be covered except for: emergency services, routine care provided by a participating OB/GYN, and mental health and substance abuse services..

If you use a Out-of-Network Provider (Out-of-Network Services):

- All out-of-network hospital admissions, outpatient surgeries and MRI's must be precertified by the member. Precertification is **not required** for emergency admissions. To precertify, call the telephone number on the back of your ID card.
- Benefits which are not covered out-of-network are: Organ Transplants, Infertility Treatment and Prescription Drugs.
- Once the out-of-pocket maximum for Out-of-Network services is reached, the plan pays 100% of eligible charges for the remainder of the calendar year.

