



# Employee Benefit Summary

## Tender Touch Rehab – High Plan

Covered Benefits	In-network	Out-of-network
<b>FINANCIAL</b>		
<b>Maximum Annual Benefits</b>	Unlimited	Unlimited
<b>Annual Deductible</b>	\$500 per Individual \$1,000 per Family	\$5,000 per Individual \$10,000 per Family
<b>Coinsurance</b>	We pay 90% and you Pay 10%	We pay 60% and you Pay 40% Allowed amounts are based on 100% of the Medicare Fee Schedule
<b>Maximum Out-Of- Pocket (100% after limit)</b>	\$4,000 per Individual \$8,000 per Family	\$10,000 per Individual (including deductible) \$20,000 per Family (including deductible)
<b>INPATIENT SERVICES</b>		
*Semi-private room and Board All drugs and medications Anesthesia *Intensive Care & Coronary Units	Subject to Deductible & Coinsurance <i>Base coverage 90 days Single Hospital confinement</i>	Subject to Deductible & Coinsurance <i>Base coverage 90 days Single Hospital confinement</i>
*Maternity	Subject to Deductible & Coinsurance <i>Base coverage 90 days Single Hospital confinement</i>	Subject to Deductible & Coinsurance <i>Base coverage 90 days Single Hospital confinement</i>
*Routine Nursery Care	Subject to Deductible & Coinsurance <i>Base coverage 90 days Single Hospital confinement</i>	Subject to Deductible & Coinsurance <i>Base coverage 90 days Single Hospital confinement</i>
*Skilled Nursing Facility Care	Subject to Deductible & Coinsurance <i>Maximum of 60 days per Calendar year</i>	Subject to Deductible & Coinsurance <i>Maximum of 60 days per Calendar year</i>
*Hospice Care (in-patient/in-home)	Subject to Deductible & Coinsurance <i>Maximum of 30 days per Calendar year</i>	Subject to Deductible & Coinsurance <i>Maximum of 30 days per Calendar year</i>
*Inpatient Admission for Medical Rehabilitation (i.e., Physical Therapy, Physical Medicine and Rehabilitation)	Subject to Deductible & Coinsurance <i>Maximum of 30 days per Calendar year</i>	Subject to Deductible & Coinsurance <i>Maximum of 30 days per Calendar year</i>
* Organ Transplants	Subject to Deductible & Coinsurance <i>Base coverage 90 days Single Hospital confinement</i>	Covered only at our approved facility
<b>OUTPATIENT SERVICES</b>		
Pre-Admission Testing	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
*Ambulatory Surgery	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
*Outpatient Dialysis	Subject to Deductible & Coinsurance <i>Maximum of 156 visits per calendar year</i>	Subject to Deductible & Coinsurance <i>Maximum of 156 visits per calendar year</i>
*Home Health Care Services	Subject to Deductible & Coinsurance <i>Maximum of 40 visits per calendar year</i>	Subject to Deductible & Coinsurance <i>Maximum of 40 visits per calendar year</i>
<b>MEDICAL</b>		
Home, Office and I/P hospital physician visits	\$20 Copay (deductible does not apply)	Subject to Deductible & Coinsurance
Prenatal and post-natal care	\$20 Copay (deductible does not apply)	Subject to Deductible & Coinsurance
Routine Adult Physical (one per year)	No Charge	Subject to Deductible & Coinsurance
Preventive Mammography and Pap Smear Screening	No Charge	Subject to Deductible & Coinsurance
Preventive Prostate Screening	No Charge	Subject to Deductible & Coinsurance
<b>Well Baby and Well Child Care up to age 19</b> Includes: Routine physical examinations, laboratory tests, vision & hearing Screening and routine immunizations	No Charge	Subject to Deductible & Coinsurance

<b>Specialist office visits</b>	\$20 Copay (deductible does not apply)	Subject to Deductible & Coinsurance
<b>Allergy Care</b>	\$40 Copay (deductible does not apply) <i>Maximum of 36 visits per calendar year</i>	Subject to Deductible & Coinsurance <i>Maximum of 36 visits per calendar year</i>
<b>Chiropractic Care</b>	\$40 Copay (deductible does not apply) <i>Maximum of 30 visits per calendar year</i>	Subject to Deductible & Coinsurance <i>Maximum of 30 visits per calendar year</i>
<b>Physical Therapy, Osteopathic Manipulation, Occupational Therapy</b> Benefits are covered only at a freestanding P/T Center. P/T performed at an Outpatient hospital is not covered.	\$40 Copay (deductible does not apply) <i>Maximum of 30 combined visits per calendar year</i>	Subject to Deductible & Coinsurance <i>Maximum of 30 combined visits per calendar year</i>
<b>Speech Therapy</b>	\$40 Copay (deductible does not apply) <i>Maximum of 15 visits per calendar year</i>	Subject to Deductible & Coinsurance <i>Maximum of 15 visits per calendar year</i>
<b>LAB &amp; RADIOLOGY</b>		
<b>Diagnostic Lab Tests</b>	No Charge/office based \$150 copay/hospital	Subject to Deductible & Coinsurance
<b>*High Tech Radiology (e.g., CT Scan, MRI)</b>	\$100 Copay (deductible does not apply)/office based \$500 Copay (deductible does not apply)/hospital	Subject to Deductible & Coinsurance
<b>X-rays</b>	No charge/office based \$300 Copay (deductible does not apply)/hospital	
<b>EMERGENCY COVERAGE</b>		
<b>Emergency Care</b>	\$300 Copay (deductible does not apply)	\$300 copay (deductible does not apply) Coverage is based on the in-network allowance
<b>Freestanding Urgent Care Facility</b>	\$50 Copay (deductible does not apply)	Subject to Deductible & Coinsurance
<b>Non-Urgent Emergency Room Visits</b>	Not Covered	Not Covered
<b>Ambulance (Emergency ground transportation only)</b>	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
<b>ER professional charges</b>	No charge	No charge Coverage is based on the in-network allowance
<b>OTHER SERVICES</b>		
<b>Prosthetic Devices and Durable Medical Equipment</b>	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
<b>* Home Infusion Therapy</b>	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
<b>Routine Eye Exam</b>	No charge One exam per 24 months	Subject to Deductible & Coinsurance One exam per 24 months
<b>Vision Eyewear - One pair in 24 month period Benefit is limited to the member and spouse only</b>	No charge – up to \$100	No charge – up to \$100
<b>MENTAL HEALTH &amp; CHEMICAL DEPENDENCY</b>		
<b>*Inpatient Mental Health</b>	Subject to Deductible & Coinsurance <i>Base coverage 90 days Single Hospital confinement</i>	Subject to Deductible & Coinsurance <i>Base coverage 90 days Single Hospital confinement</i>
<b>*Outpatient Mental Health</b>	\$40 Copay (deductible does not apply)	Subject to Deductible & Coinsurance
<b>* Inpatient Chemical Dependency treatment</b>		
<b>Detoxification</b>	Subject to Deductible & Coinsurance <i>Maximum of 7 days per Calendar year</i>	Subject to Deductible & Coinsurance <i>Base coverage 7 days Single Hospital confinement</i>
<b>Rehabilitation</b>	Subject to Deductible & Coinsurance <i>Maximum of 30 days per Calendar year</i>	Subject to Deductible & Coinsurance <i>Maximum of 30 days per Calendar year</i>
<b>*Outpatient Chemical Dependency treatment</b>	\$40 Copay (deductible does not apply)	Subject to Deductible & Coinsurance
<b>PRESCRIPTION DRUGS</b>		
	<b>Retail – 30 day supply</b>	<b>Mail Order – 90 day supply</b> <small>Required for maintenance drugs after filling three times at a retail pharmacy * \$100 surcharge applies for employee that continues to fill scripts that are covered by CanRx.</small>
<b>Generic</b>	\$20 copay	\$40 Copay
<b>Preferred Brand</b>	\$40 Copay	\$80 Copay
<b>Non-preferred Brand</b>	\$60 Copay	\$120 Copay
<b>Specialty Drugs</b>	30% Coinsurance	30% Coinsurance
		Not Covered
		Not Covered
		Not Covered
		Not Covered

\* These services require precertification.

The maximums listed above are the total for Network & Non-Network expenses. For example, if a maximum of 60 days is listed twice under a service, the Calendar Year Maximum is 60 days total, which may be split between Network & Non-Network providers.

Dependent children are covered to age 26.

**General Exclusions**

You are not covered for physical exams for employment, insurance, school, premarital requirement or summer camp (unless substituted for a normal well visit/physical exam); prescription drugs prescribed for a non-covered service; dental services; hearing aid appliances; routine foot care; some transplant procedures; cosmetic or reconstructive surgery, unless medically necessary; custodial services; Fertility treatment; weight-reduction programs and Bariatric surgery for any reason; marriage counseling