

2017 Small Group Plan P5 Summary of Benefits and Coverage Effective 1/1/2017

Individual/Family Annual Out-of-Pocket Maximum \$3,200.56,400	Individual/Family Overall Annua	al Deductible	\$0
Health Care Provider's Office or Clinic Visit PCP or Primary Care (including Mental Health) Coffice Visits Specialist Specialist Specialist Specialist Specialist Office Visits Office			\$3,200/\$6,400
Clinic Visit	Common Medical Event	Service Type	Member Cost Share
Office Visits - Specialist S10 per visit		, ,	\$5 per visit
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Child Dental Basic Services Amalgam Fill - 1 Surface \$25	Child Dental Basic Services	Amalgam Fill - 1 Surface	\$25

Child Dental Major Services	Root Canal- Molar	\$300
	Gingivectomy per Quad	\$150
	Extraction- Single Tooth Exposed Root or Erupted	\$65
	Extraction- Complete Bony	\$160
	Porcelain with Metal Crown	\$300
Child Orthodontics	Medically necessary orthodontics	\$350

See Endnotes

Endnotes:

- 1) Family out-of-pocket maximums are equal to 2 times the individual values. Cost sharing payments (copayments and coinsurance, but not yet premiums) made by each individual in a family contribute to the family out-of-pocket maximums. Once the family out-of-pocket maximum is reached, the plan pays all costs for covered services for all family members. In a family plan, an individual's out of pocket contribution is limited to the individual's annual out of pocket maximum.
- 2) The cost-sharing payments cannot exceed the out of pocket limits set for self-only coverage and family coverage.
- 3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount (the maximum amount on which payment is based for covered health care services).
- 4) For drugs to treat an illness or condition the supply of drugs for which the copay or coinsurance applies is for the prescription term, not to exceed 30 days.
- 5) Preventive Care Includes checkups; periodic screenings; Well-baby visits up to age 2; Well-woman visits; Pap and HPV tests; Maternity/prenatal care; Immunizations for children; Vision and hearing exams; Dental cleanings; health education classes; and a wellness program.
- 6) Coinsurance applies to the entire episode of emergency care services. Maximum patient cost will not exceed \$150 for outpatient emergency care services.
- 7) Cost-sharing payments for drugs that are not on-formulary but are approved as exceptions accumulate toward the Plan's out-of-pocket maximum.
- 8) Copayments may never exceed the Plan's actual cost of the service. For example, if urgent care services rendered in California cost less than the \$50 copayment, the lesser amount is the Member's applicable cost-sharing amount.
- 9) Member's cost-sharing amount for oral anti-cancer drugs shall not exceed \$200 per month per state law.
- 10) The Outpatient Visit line item within the Outpatient Services category includes but is not limited to the following types of outpatient visits: outpatient chemotherapy, outpatient radiation, outpatient infusion therapy and outpatient dialysis and similar outpatient services.
- 11) Copayments may never exceed the Plan's actual cost of the service. For example, if laboratory tests cost less than the \$20 copayment, the lesser amount is the Member's applicable cost-sharing amount.
- 12) Cost-sharing for services subject to the federal Mental Health Parity and Addiction Equity Act (MHPAEA) may be less than those listed in these standard benefit plan designs if necessary for compliance with MHPAEA.
- 13) Mental/Behavioral Health Outpatient Services at a \$5 copay level include: individual and group evaluation; individual and group treatment; and, individual and group chemical dependency counseling.
- 14) Mental/Behavioral Health Outpatient Services at a \$0 copay level include: psychology testing; outpatient monitoring of drug therapy; partial hospitalization; and, multidisciplinary treatment in an intensive outpatient psychiatric treatment program.
- 15) Substance Use Disorder (SUD) Outpatient Services at a \$5 copay level include: intensive outpatient programs, individual and group evaluation; individual and group treatment; and, individual and group chemical dependency counseling.
- 16) Substance Use Disorder (SUD) Outpatient Services at a \$0 copay level include: day treatment programs.
- 17) Mental/Behavioral Health Inpatient Services at a no copay level include: inpatient psychiatric hospitalization, psychiatric observation, and crisis residential program.
- 18) SUD Inpatient Services at a no copay level include: inpatient detoxification; medication treatment for withdrawal; and, transitional residential recovery services in a non-medical setting.
- 19) Drug tiers are defined as follows:

Tier	Definition
1	1) Most generic drugs and low cost preferred brands.
2	1) Non-preferred generic drugs or; 2) Preferred brand name drugs or; 3) Recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy and cost.
3	1) Non-preferred brand name drugs or; 2) Recommended by P&T committee based on drug safety, efficacy and cost or; 3) Generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	1) Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies or; 2) Self administration requires training, clinical monitoring or; 3) Drug was manufactured using biotechnology or; 4) Plan cost (net of rebates) is >\$600.

20) This Plan Design was previously name Plan P10 in 2016.