# Corpsmember Health Care Insurance Plan

September 1, 2018 - August 31, 2019

Underwritten by Premera Blue Cross – Group Number 4002447

| | Premera Heritage Prime In-Network | Out-of-Network |
|---|---|---|
| **Deductible** | $100 per plan year | $200 per plan year |
| **Out-of-Pocket Maximum** | $1,000 (including deductible) | Not Applicable |
| **Benefit Maximum** | Unlimited | |
| **Hospital** | **Prior Authorization Required on planned admission** | |
| Room & Board | 80% | 60% |
| Other Hospital Services | 80% | 60% |
| Emergency Room | $150 Copay; then 80% | $150 Copay; then 80% |
| **Professional Services** | | |
| Office | 80% | 60% |
| Surgery | 80% | 60% |
| Diagnostic Lab & X-ray | 80% | 60% |
| Allergy Injections | 80% | 60% |
| **Preventive Care** | | |
| Routine Care (including preventive screenings) | 100% (*deductible waived*) | 60% |
| Mammogram/Pap Smear | 100% (*deductible waived*) | 60% |
| **Outpatient Rehabilitation** (Includes Physical, Occupational Speech and Massage Therapy, Cardiac and Pulmonary Rehab and Chronic Pain) | 45 visits per plan year<br>80% | 60% |
| **Mental Health** | | |
| Inpatient | 80% | 60% |
| Outpatient | 80% | 60% |
| **Chemical Dependency** | | |
| Detoxification Inpatient | 80% | 60% |
| Outpatient | 80% | 60% |
| **Ambulance** | 80% | 80% |
| **Prescription Drugs** | **Prior Authorization Required for Some Prescriptions**<br>Co-insurance is paid at the pharmacy | |
| *(including oral contraceptives)* | 80% | 60% |
| **Durable Medical Equipment** | 80% | 60% |
| **Rate per Participant per Month** | $254.38 (Paid for by Washington Service Corps) | |

***All benefits are subject to deductible and coinsurance maximum unless otherwise specified.***

***Premera requires prior authorization for planned admission into inpatient hospitals or skilled nursing facilities, some planned outpatient procedures and certain prescription drugs.***

***(This is not a complete list. Your doctor has the most current list and medical information needed to request a prior authorization on your behalf.)***

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