



Corpsmember Health Care Insurance Plan

September 1, 2019 - August 31, 2020

Underwritten by Premera Blue Cross – Group Number 4002447

	In-Network	Out-of-Network
Deductible	\$200 per plan year	\$400 per plan year
Out-of-Pocket Maximum Including deductible. Prescription Copays accumulate to the out of pocket maximum	\$2,000	Not Applicable
Benefit Maximum	Unlimited	
Hospital	Prior Authorization Required on planned admission	
Room & Board	80%	60%
Other Hospital Services	80%	60%
Emergency Room	\$200 Copay; then 80%	\$200 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% (<i>deductible waived</i>)	60%
Mammogram/Pap Smear	100% (<i>deductible waived</i>)	60%
Outpatient Rehabilitation (Includes Physical, Occupational Speech and Massage Therapy, Cardiac and Pulmonary Rehab and Chronic Pain)	45 visits per plan year	
Spinal Manipulations – 12 visits	80%	60%
Acupuncture – 12 visits		
Mental Health		
Inpatient	80%	60%
Outpatient	80%	60%
Chemical Dependency		
Detoxification	80%	60%
Inpatient		
Outpatient	80%	60%
Ambulance	80%	80%
Prescription Drugs	Prior Authorization Required for Some Prescriptions	
	Co-insurance is paid at the pharmacy	
Generic	\$15 Copay	60%
Formulary	\$30 Copay	60%
Preferred Specialty	\$50 Copay	60%
Non-Preferred (Including oral contraceptives)	30%	60%
Durable Medical Equipment	80%	60%
Rate per Participant per Month	\$273.17 (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 pri or authorization on your behalf.)



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