



**Corpsmember Health Care Insurance Plan**  
 September 1, 2023 - August 31, 2024 Plan Year  
 Underwritten by Premera Blue Cross – Group Number 4002447

	In-Network	Out-of-Network
<b>Deductible</b>	\$200 per plan year	\$400 per plan year
<b>Out-of-Pocket Maximum</b> Including deductible, coinsurance and prescription copays.	\$2,000	Not applicable
<b>Benefit Maximum</b>	Unlimited	
<b>Hospital</b>	<b>Prior Authorization Required on planned admission</b>	
Room and Board	80%	60%
Other Hospital Services	80%	60%
Emergency Room	\$200 Copay; then 80%	\$200 Copay; then 80%
<b>Professional Services</b>		
Office	80%	60%
Surgery	80%	60%
Diagnostic Lab and X-Ray	80%	60%
Allergy Injections	80%	60%
<b>Preventive Care</b>		
Routine Care (including preventive screenings)	100% ( <i>deductible waived</i> )	60%
Mammogram/Pap Smear	100% ( <i>deductible waived</i> )	60%
<b>Outpatient Rehabilitation</b> (Includes Physical, Occupational Speech and Massage Therapy, Cardiac and Pulmonary Rehab and Chronic Pain) Spinal Manipulations – 12 visits Acupuncture – 12 visits	45 visits per plan year	
	80%	60%
<b>Mental Health</b>		
Inpatient	80%	60%
Outpatient	80%	60%
<b>Chemical Dependency</b>		
Detoxification		
Inpatient	80%	60%
Outpatient	80%	60%
<b>Ambulance</b>	80%	80%
<b>Prescription Drugs</b>	<b>Prior Authorization Required for Some Prescriptions</b>	
Generic	\$15 Copay	60%
Formulary	\$30 Copay	60%
Preferred Specialty	\$50 Copay	60%
Non-Preferred	30%	60%
<b>Durable Medical Equipment</b>	80%	60%
<b>Rate per Participant per Month</b>	<b>\$346.83 (Paid for by Washington Service Corps)</b>	

**All benefits are subject to deductible and coinsurance maximum unless otherwise specified.  
 Member benefits end on the last day of their service.**

**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.)*

