

Out-of-pocket maximum limitations

PEHP has set medical limits for maximum out-of-pocket expenses for Unified Fire Authority members. After your share of eligible medical expenses exceeds specified amounts, PEHP will pay further eligible medical benefits incurred during the remaining plan year at 100% of the Maximum Allowable Fee.

The Unified Fire Authority Advantage Care plan and Summit Care plan have the same medical benefits. The out-of-pocket maximums for the Advantage Care and Summit Care plans are the same.

The out-of-pocket maximums for Advantage Care and Summit Care:	
When services are rendered by a contracted provider:	When services are rendered by a non-contracted provider:
\$2,000 per individual, \$4,000 per family	\$4,000 per individual, \$8,000 per family

The following are services that do not apply to the out-of-pocket maximum:

1. Inpatient or outpatient Mental Health or substance abuse treatment for plans that do not have Mental Health Parity or separate Mental Health or substance abuse yearly out-of-pocket maximums, except for High Deductible Health Plans;
2. Temporomandibular Joint (TMJ/TMD/Myofacial Pain) treatment;
3. Sleep apnea testing or equipment;
4. Infertility testing, Surgery, or equipment;
5. Surgeries or procedures payable at 50%;
6. Adoption;
7. Penalties for failing to obtain Pre-authorization or to complete Pre-notification;
8. Emergency room, except for High Deductible Health Plans;
9. Prescription drugs, except for High Deductible Health Plans;
10. Supplies obtained through the Pharmacy card;
11. Any service or amount established as ineligible under this policy or considered inappropriate medical care;
12. Charges in excess of Maximum Allowable Fee or contract Limitations;
13. Charges applied to Member Deductibles, except for High Deductible Health Plans;
- 14 Copayments applied to pain injections;
15. Charges for Hospital services when the patient was discharged against medical advice (AMA);
16. Specialty Drugs obtained through a Provider's office or outpatient facility will have a separate out-of-pocket maximum and will not apply to the medical out-of-pocket maximum, except for High Deductible Health Plan. The separate out-of-pocket maximum is \$3,600 per member per plan year.