

Advantage Care » MEDICAL BENEFITS GRID



Refer to the Advantage Care Provider Plan Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

	Contracted Provider	Non-contracted Provider
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible <i>Does not apply to out-of-pocket maximum</i>	\$250 per individual, \$500 per family	\$500 per individual, \$1,000 per family
Plan year Out-of-Pocket Maximum	\$3,000 per individual, \$6,000 per family	\$5,000 per individual, \$10,000 per family
Maximum Lifetime Benefit	None	\$1,000,000 per individual
Pre-existing Condition Waiting Period	9-month Waiting Period— waived with evidence of prior Creditable Coverage	9-month Waiting Period— waived with evidence of prior Creditable Coverage
Mental Health and Substance Abuse Out-of-Pocket Limits <i>Separate Yearly out-of-pocket maximum</i>	\$3,000 per individual, \$6,000 per family	Not covered
Specialty Drug Out-of-Pocket Maximum <i>Separate Yearly out-of-pocket maximum</i>	\$3,600 per individual per year	\$3,600 per individual per year
INPATIENT FACILITY SERVICES		
Medical and Surgical <i>Requires pre-notification</i>	80% of MAF after deductible	60% of MAF after deductible
Skilled Nursing Facility <i>Non-custodial Up to 60 days per plan year. Requires pre-authorization and Medical Case Management</i>	80% of MAF after deductible	60% of MAF after deductible
Hospice <i>Up to 6 months in a 3-year period. Requires pre-authorization and Medical Case Management</i>	100% of MAF	60% of MAF after deductible
Rehabilitation <i>Up to \$75,000 Lifetime Maximum. Requires pre-authorization and Medical Case Management</i>	80% of MAF after deductible	60% of MAF after deductible
Mental Health <i>Requires pre-authorization through Mental Health Care of Utah (MHCU) at 800-541-9432</i>	50% of MAF after deductible	Not covered
Substance Abuse <i>Requires pre-authorization through Mental Health Care of Utah (MHCU) at 800-541-9432</i>	50% of MAF after deductible	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	80% of MAF after deductible	60% of MAF after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	80% of MAF after deductible	80% of MAF after deductible
Emergency Room <i>Medical emergencies only, as determined by PEHP</i>	100% of MAF after \$75 copayment per visit	100% of MAF after \$150 copayment per visit
Urgent Care Facility	100% of MAF after \$30 copayment per visit	60% of MAF after deductible
Diagnostic Tests, X-rays, Minor <i>For each test allowing \$350 or less</i>	100% of MAF	60% of MAF after deductible
Diagnostic Tests, X-rays, Major <i>For each test allowing more than \$350</i>	80% of MAF after deductible	60% of MAF after deductible
Chemotherapy, Radiation, and Dialysis <i>Dialysis with non-contracted providers requires pre-authorization</i>	80% of MAF after deductible	60% of MAF after deductible
Physical and Occupational Therapy <i>Limited to 28 visits per plan year for both therapy types combined. Requires pre-authorization after 16 visits.</i>	100% of MAF after applicable office copayment per visit	60% of MAF after deductible

MAF = Maximum Allowable Fee

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	Contracted Provider	Non-contracted Provider
PROFESSIONAL SERVICES		
Inpatient Physician Visits	100% of MAF after applicable copayment per visit	60% of MAF after deductible
Surgery and Anesthesia	80% of MAF after deductible	60% of MAF after deductible
Primary Care Office Visits, Office Surgeries and Emergency Room Specialist	100% of MAF after \$15 copayment per visit	60% of MAF after deductible
Specialist Office Visits, Office Surgeries and Emergency Room Specialist	100% of MAF after \$20 copayment per visit	60% of MAF after deductible
Diagnostic Tests, X-rays, Minor <i>For each test allowing \$350 or less</i>	100% of MAF	60% of MAF after deductible
Diagnostic Tests, X-rays, Major <i>For each test allowing more than \$350</i>	80% of MAF after deductible	60% of MAF after deductible
Immunizations	100% of MAF	60% of MAF after deductible
Mental Health and Substance Abuse <i>Requires pre-authorization through Mental Health Care of Utah (MHCU) at 800-541-9432</i>	Outpatient: 100% of MAF after applicable office copayment per visit. Inpatient: 50% of MAF after deductible	Not covered
PRESCRIPTION DRUGS		
Retail Pharmacy <i>Up to 30-day supply</i>	Preferred generic: \$10 copayment Preferred brand name: \$25 copayment Non-preferred: \$50 copayment	Plan pays up to the discounted cost, minus the preferred copayment. Member pays any balance
Mail-Order <i>90-day supply</i>	Preferred generic: \$20 copayment Preferred brand name: \$50 copayment Non-preferred: \$100 copayment	Not covered
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	80% of MAF. No maximum copayment	Plan pays up to the discounted cost, minus the preferred copayment. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	80% of MAF after deductible. No maximum copayment	60% of MAF after deductible
Specialty Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	80% of MAF. \$150 maximum copayment	Not covered
MISCELLANEOUS SERVICES		
Adoption <i>See limitations</i>	100% up to \$4,000	100% up to \$4,000
Allergy Serum	80% of MAF after deductible	60% of MAF after deductible
Chiropractic Care <i>Up to 20 visits per plan year</i>	100% of MAF after applicable office copayment per visit	60% of MAF after deductible
Durable Medical Equipment, DME <i>DME over \$750, rentals, that exceed 60 days, or as indicated in Appendix A of the Master Policy require pre-authorization. Maximum limits apply on many items. See the Master Policy for benefit limits</i>	80% of MAF after deductible	60% of MAF after deductible
Medical Supplies	80% of MAF after deductible	60% of MAF after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires pre-authorization and Medical Case Management</i>	100% of MAF	60% of MAF after deductible
Infertility Services <i>Select services only. See the Master Policy</i>	50% of MAF after deductible	50% of MAF after deductible
Injections <i>Requires pre-authorization if over \$750</i>	Under \$50: 100% of MAF Over \$50: 80% of MAF after deductible	60% of MAF after deductible
Temporomandibular Joint Dysfunction <i>Up to \$1,000 Lifetime Maximum</i>	50% of MAF after deductible	50% of MAF after deductible

MAF = Maximum Allowable Fee