

Out-of-Pocket Maximum Limitations

Your medical plan has a safety net that helps protect you from large out-of-pocket expenses. It's called an out-of-pocket maximum. It limits the amount you have to pay for eligible medical expenses in a given plan year. After you reach the limit, PEHP will begin paying for eligible expenses at 100% of the Maximum Allowable Fee for the rest of the plan year.

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:
\$3,000 per individual, \$6,000 per family	\$5,000 per individual, \$10,000 per family

The following are services that do not apply to the *medical* 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.