

2019: In & Out-of-Network Benefits

Benefits	Tier 1: THT/WellHealth Network	Tier 2: Cigna Open Access Plus Network
Deductible	\$500 Individual \$1,500 Family	\$1,500 Individual \$4,500 Family
Coinsurance	20%	20%
Out of Pocket Maximum	\$6,850 Individual \$13,700 Family	\$7,900 Individual \$15,800 Family
PCP Copay: Includes: Internal Medicine, Family Practice, Pediatrics, Geriatrics, OB/GYN, and GYN	\$10 PCP per visit. Deductible and Coinsurance waived.	\$30 per PCP visit. Deductible and Coinsurance waived.

Performance Plus Plan – 2018 and 2019 Comparison



Plan Provision	2018	2019
Networks	<ul style="list-style-type: none"> In Network: THT/WellHealth Out of Network: Limited Benefits 	<ul style="list-style-type: none"> Tier 1 THT/WellHealth Tier 2: Cigna Open Access Plus
Referrals to Specialists	<ul style="list-style-type: none"> PCP must refer to a specialist If no referral, member receives lower benefits 	<ul style="list-style-type: none"> Same as current
Deductibles	<ul style="list-style-type: none"> \$600 individual \$1,800 family 	<ul style="list-style-type: none"> Tier 1: \$500 individual \$1,500 family Tier 2: \$1,500 individual \$4,500 family
PCP Definition	<ul style="list-style-type: none"> Include: Internal Medicine, Family Practice, Pediatrics, Geriatric Medicine 	<ul style="list-style-type: none"> Same as current plus OB/GYN
Pretreatment Review (Referred to as Prior Authorization in 2018)	<ul style="list-style-type: none"> Prior Authorizations were required Claims were denied if a Prior Authorization was not obtained 	<ul style="list-style-type: none"> Strongly recommended: Treatment is reviewed prospectively or retrospectively and covered if medically necessary (reviewed for eligibility, benefits, and medical necessity)

Performance Plus Plan – 2018 and 2019 Comparison

Plan Provision	2018	2019
Coinsurance	<ul style="list-style-type: none"> In-network: 20% coinsurance Out of network: 40% coinsurance 	<ul style="list-style-type: none"> Tier 1: 20% coinsurance Tier 2: 20% coinsurance
Advanced Radiology	<ul style="list-style-type: none"> Prior authorization required 	<ul style="list-style-type: none"> No authorization required
Maximum Day Limits for Skilled Nursing, Rehabilitation, etc.	<ul style="list-style-type: none"> Limited to 100 days per plan year 	<ul style="list-style-type: none"> No maximum days Reviewed for medical necessity.
Ambulance	<ul style="list-style-type: none"> Maximum distance of 300 miles 	<ul style="list-style-type: none"> No mileage limit Covered to the nearest facility that provides necessary services

Performance Plus Plan – 2018 and 2019 Comparison

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Birthing Centers	<ul style="list-style-type: none"> Plan document is silent on this 	<ul style="list-style-type: none"> Covered with Certified/Nurse-Midwife and MD on staff
Chemotherapy	<ul style="list-style-type: none"> \$20 copay 	<ul style="list-style-type: none"> Same as current for tier 1 Tier 2 at 20% coinsurance after deductible
Chiropractic	<ul style="list-style-type: none"> \$20 copay up to 20 visits per year 	<ul style="list-style-type: none"> Same as current for tier 1 Tier 2: 20% coinsurance after deductible
Colonoscopy	<ul style="list-style-type: none"> Member pays \$0 and deductible waived under preventive. If complication member pays 20% coinsurance for polyp removal 	<ul style="list-style-type: none"> Tier 1: Fully covered with no coinsurance for complication (has to be preventive care) Tier 2: 20% coinsurance after deductible and complications covered with preventive care
Diabetic Education	<ul style="list-style-type: none"> Plan document is silent on this 	<ul style="list-style-type: none"> Tier 1: Member pays \$0 and deductible waived (CDE) Tier 2: 20% coinsurance after deductible
Emergency Room	<ul style="list-style-type: none"> \$250 copay if emergent \$400 copay if non-emergent 	<ul style="list-style-type: none"> Same as current For non-emergencies, MDLive, PCP, and Urgent Care are recommended

Performance Plus Plan – 2018 and 2019 Comparison



Plan Provision	2018	2019
Hearing Aids	<ul style="list-style-type: none"> \$1,000 every five years for each ear 	<ul style="list-style-type: none"> \$2,500 every three years for each ear
Home Health Care	<ul style="list-style-type: none"> Prior authorization required 20% coinsurance and deductible waived 	<ul style="list-style-type: none"> Tier 1: 20% coinsurance and deductible waived Tier 2: 20% coinsurance after deductible
Hospice Care	<ul style="list-style-type: none"> Prior authorization required 	<ul style="list-style-type: none"> Pretreatment review not required
Hospital Services	<ul style="list-style-type: none"> Facility: \$400 copay per day/\$800 maximum PCP: \$10 copay All other physicians: \$20 copay 	<ul style="list-style-type: none"> Tier 1: <ul style="list-style-type: none"> Facility: same as current PCP: \$0 All other physicians: 20% coinsurance and deductible waived Tier 2: 20% coinsurance after deductible
Outpatient Primary Care	<ul style="list-style-type: none"> \$10 copay 	<ul style="list-style-type: none"> Tier 1: Member pays \$0 and deductible waived Tier 2: 20% coinsurance after deductible
Durable Medical Equipment	<ul style="list-style-type: none"> Prior authorization required for equipment over \$500 	<ul style="list-style-type: none"> Pretreatment review for equipment over \$3,000

Performance Plus Plan – 2018 and 2019 Comparison

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Occupational Therapy	<ul style="list-style-type: none"> Limited to 20 visits per year 	<ul style="list-style-type: none"> Reviewed for medical necessity after 30 visits
Organ Transplants	<ul style="list-style-type: none"> \$1,500 copay Donor expenses excluded 	<ul style="list-style-type: none"> Tier 1: 20% coinsurance after deductible Tier 2: 20% coinsurance after deductible Donor expenses covered if donor's plan does not
Pregnancy	<ul style="list-style-type: none"> \$400 copay per day, \$800 maximum 	<ul style="list-style-type: none"> Tier 1: Member pays \$0 after deductible Tier 2: 20% coinsurance after deductible
Breast Pump	<ul style="list-style-type: none"> One per pregnancy distributed by THT 	<ul style="list-style-type: none"> Plan will pay up to \$450 for a breast pump per pregnancy
Preventive Care	<ul style="list-style-type: none"> Member pays \$0 	<ul style="list-style-type: none"> Tier 1: Member pays \$0 and deductible waived Tier 2: 20% coinsurance deductible waived
Vasectomy	<ul style="list-style-type: none"> Not currently covered 	<ul style="list-style-type: none"> Tier 1: 20% coinsurance and deductible waived Tier 2: 20% coinsurance after deductible
Wig/Hairpiece	<ul style="list-style-type: none"> \$300 Limit following chemotherapy or radiation 	<ul style="list-style-type: none"> \$1,000 Limit per condition

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Insulin	<ul style="list-style-type: none">• Pump replacement every four years	<ul style="list-style-type: none">• No limit• Covered based on medical necessity
Flu Shots	<ul style="list-style-type: none">• Limited to CVS	<ul style="list-style-type: none">• No limits on place of service