

Medical Plan Options

Sinai, Levindale, Northwest, Carroll Hospital, Grace Medical Center, PDI

LifeBridge Health offers two medical plan options - administered by CareFirst BlueCross BlueShield (CareFirst). Each plan offers comprehensive health care benefits, including free preventive care services and coverage for prescription drugs. Here's how the plans compare.

Plan Provision	Health Saver Plan (with HSA)			Premium Health Plan		
	LBH Network	CareFirst In-Network	Out of-Network	LBH Network	CareFirst In-Network	Out of-Network
Company Contribution to HSA¹						
Individual		\$700 ¹			N/A	
Family		\$1,400 ¹				
Calendar Year Deductible						
Individual	\$2,800	\$3,000	\$3,000	\$200	\$750	\$2,250
Family	\$5,200	\$6,000	\$6,000	\$400	\$1,500	\$4,500
Coinsurance (percent paid by you)						
% coinsurance after deductible	20%*	40%*	50%*	0% Plan pays 100%	30%	40%
Annual Out-of-Pocket Maximum (includes deductible, copays and coinsurances)						
Individual	\$4,000	\$5,000	\$6,600	\$1,000	\$4,000	\$5,600
Family	\$8,000	\$10,000	\$13,200	\$3,000	\$8,000	\$11,200
You Pay						
Office Visits						
Primary Physician Office Visit	20%*	40%*	50%*	\$10	30%*	40%*
Specialist Office Visit	20%*	40%*	50%*	\$35	30%*	40%*
Preventive Services						
Preventive Care – one per calendar year (includes annual physicals, immunizations, routine cancer screenings and well child visits)	\$0 Plan pays 100%	\$0 Plan pays 100%	50%*	\$0 Plan pays 100%	\$0 Plan pays 100%	40%*
Diagnostic Services						
Advanced imaging (PET, MRI, CT)	20%*	40%*	50%*	\$0 ² Plan pays 100%	\$250 copay + 40%	\$250 copay + 50%
Other imaging (X-ray, sonogram)	20%*	40%*	50%*	\$0 ² Plan pays 100%	30%*	40%*
Lab and other services	20%*	40%*	50%*	\$0 ² Plan pays 100%	30%*	40%*

*After deductible. Copays do not count toward deductible; however, deductible counts toward out-of-pocket maximum.

¹If enrolling in the Health Saver Plan; seed funding is provided in two installments. To be eligible for funding you must be actively enrolled and eligible for the plan as of the first of the funding month. The first funding is provided in January and the second half is provided in July as long as you are still actively eligible and enrolled in the plan. Funding in January and July will be posted to your HealthEquity Savings Account on or before the end of the month. Please note, if you have not opened your account, the funding will not post.

²Must be performed by LifeBridge Health Provider or designated LifeBridge Health Lab or Facility.

Disclaimer: Elevation of Services for Tier II providers and services can be accommodated if LifeBridge Health does not have or provide the required services/providers in the LifeBridge Health Tier I Network. Refer to the 2021 Benefits Guide and Benefits website at <http://www.lifebridgehealth.org/benefits> for additional information.

2021 Medical Plan Summary (continued)

Plan Provision	Health Saver Plan (with HSA)			Premium Health Plan		
	LBH Network	CareFirst In-Network	Out of-Network	LBH Network	CareFirst In-Network	Out of-Network
You Pay						
Emergency Services						
Emergency Care ³	20%*	20%*	20%*	\$200 copay per visit	\$200 copay per visit	\$200 copay per visit
Ambulance Services	20%*	20%*	20%*	\$0 Plan pays 100%	\$0 Plan pays 100%	\$0 Plan pays 100%
Urgent Care						
Urgent Care	20%*	40%*	50%*	\$10 copay	30%	40%
Hospital Facility/Surgical Procedures						
Outpatient Facility and Ambulatory Surgical Facility	20%*	40%*	50%*	\$0*	\$250 copay, 40%*	\$250 copay, 50%*
Inpatient Hospitalization ⁴	20%*	40%*	50%*	\$0*	\$500 copay + 30%*	\$500 copay + 40%*
Medical Rehabilitation Coverage ⁴	20%*	40%*	50%*	\$0*	\$500 copay + 30%*	\$500 copay + 40%*
Obesity/Bariatric Surgery ^{4,5}	20%*	Not Covered	Not Covered	\$500 copay	Not Covered	Not Covered
Hospital Physician Services						
Inpatient ⁶	20%*	40%*	50%*	\$0*	30%*	40%*
Outpatient ⁶	20%*	40%*	50%*	\$0*	30%*	40%*
Allergy Services						
Diagnostic Testing						
• Primary Care Physician	20%*	40%*	50%*	\$10 copay	30%*	40%*
• Specialist				\$35 copay		
Treatment (including injections and serum)						
• Primary Care Physician	20%*	40%*	50%*	\$10 copay	30%*	40%*
• Specialist				\$35 copay		
Reproductive Health						
Maternity Care ⁷	20%*	40%*	50%*	\$0*	\$500 copay + 30%*	\$500 copay + 40%*
Infertility Services ^{4,8}	20%*	20%*	50%*	\$0*	\$0*	40%*

2021 Medical Plan Summary (continued)

Plan Provision	Health Saver Plan (with HSA)			Premium Health Plan		
	LBH Network	CareFirst In-Network	Out of-Network	LBH Network	CareFirst In-Network	Out of-Network
You Pay						
Therapy Services¹¹ Physical, Occupational, Speech (50 visits per year combined)	20%*	40%*	50%*	\$35 copay* (waived after 10th visit)	30%*	40%*
Chiropractic (20 visits per year)	20%*	20%*	50%*	\$35 copay*	\$35 copay*	40%*
Acupuncture (20 visit max)	20%*	20%*	50%*	\$35 copay*	\$35 copay*	40%*
Medical Therapy Services Chemotherapy, Radiation Therapy, Dialysis Treatment, Infusion Therapy	20%*	40%*	50%*	\$0*	30%*	40%*
Mental Health and Substance Abuse Mental Health/Substance Abuse Inpatient Hospital, Facility and Professional Services ⁴	20%*	20%*	50%*	\$0*	\$0*	40%*
Office Visits for Mental Health and Substance Abuse	20%*	20%*	50%*	\$10 copay	\$10 copay	40%*
Home Health Care Services Home Health Care (40 visits per year) ⁴	20%*	20%*	50%*	\$0*	\$0*	40%*
Private Duty Nursing (120 days per benefit period) ⁴	20%*	20%*	50%*	\$0*	\$0*	40%*
Skilled Nursing Facility ⁴ (Unlimited days per benefit period)	20%*	40%*	50%*	\$0*	\$500 copay + 30%*	\$500 copay + 40%*
Other Medical Services Hospice Care ⁴	20%*	40%*	50%*	\$0*	30%*	40%*
Durable Medical Equipment	20%*	40%*	50%*	\$0*	30%*	40%*
Organ Transplants ^{4,10}	20%*	20%*	50%*	\$0*	\$0*	40%*
Nutritional Counseling	20%*	20%*	50%*	\$0*	\$0*	40%*
Diabetic Equipment (CGM, pump) ⁹	20%*	20%*	50%*	\$0*	\$0*	40%*

*After deductible. Copays do not count toward deductible; however, deductible counts toward out-of-pocket maximum.

³Emergency Room copay for Premium Health Plan waived only if admitted; Emergency services available out-of-network.

⁴Pre-authorization required.

⁵LifeBridge Health covers the treatment for morbid obesity, including surgical treatments only at LifeBridge Health Facilities.

⁶Services performed by a radiologist, anesthesiologist, pathologist, or surgical assistant will be paid at applicable co-insurance, if performed at a LifeBridge Health Network or CareFirst In-Network facility.

⁷OB/GYN providers are considered specialists. Deductible applies to confirm pregnancy, then \$35 copay/visit, if using LBH Network. All subsequent prenatal visits, postnatal visits and physician's delivery charges covered at applicable co-insurance, after deductible is met.

⁸Benefits for Artificial Insemination (AI) and In Vitro Fertilization (IVF) are combined and limited to \$50,000 lifetime maximum. Coverage for infertility benefits includes injectable drugs and allows for the use of donor egg and sperm. The procurement and donor egg and sperm are not covered.

⁹Diabetic supplies such as glucometers, test strips, insulin, and syringes are covered under your prescription drug plan.

¹⁰Travel Limit - \$150/day up to \$10,000 per transplant.

¹¹For Habilitative Services an approved plan of treatment is required. Benefits are available for dependent children until the end of the month in which the dependent turns 19 years old.

2021 Prescription Drug Comparison

Prescription Drug: CVS Caremark

Plan Provision	Health Saver Plan (With HSA)	Premium Health Plan	
	Retail and Mail Order ¹⁴	LBH Pharmacy ¹¹	CVS/Other Retail Pharmacies
Annual Deductible			
Individual	Included in Medical (see page 1)	\$75 per person	
Family		\$225 per family	
Annual Out-of-Pocket Maximum			
Individual	Included in Medical (see page 1)	\$1,000 per person	
Family		\$2,000 per family	
Retail Prescription Drugs (30-day supply)			
• Generic	20%*	\$10 ^{*12}	\$10*
• Formulary	30%*	\$30*	\$40*
• Non-formulary	40%*	\$50*	\$70*
• Specialty	50%* (LifeBridge Health Pharmacy only)	\$50*	Not Covered
Mail Order Prescription Drugs (90-day supply) ¹³			
• Generic	20%*	\$20 ^{*12}	\$20*
• Formulary	30%*	\$60*	\$80*
• Non-formulary	40%*	\$100*	\$140*
• Specialty	50%* (LifeBridge Health Pharmacy only)	\$100*	Not Covered

*After deductible. Copays do not count toward deductible; however, deductible counts toward out-of-pocket maximum.

¹¹LifeBridge Health Pharmacies: Sinai, Northwest, and Anchor Pharmacy (at Carroll Hospital Location only).

¹²\$0 copay for generics to treat high blood pressure, cholesterol, depression and diabetes, if the prescription is filled at LifeBridge Health Pharmacy.

¹³Long Term Medications (Maintenance) must be filled at a LifeBridge Health Pharmacy or through CVS Mail Order.

¹⁴Generic Opt-Out Penalty: Applied when a generic medication is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the brand copayment.

Contact Information

Plan	Provider	Phone Number	Website
Medical	CareFirst	866-595-6245	https://www.carefirst.com/lifebridge
Prescription Drugs	CVS	866-294-2110	http://caremark.com/wps/portal

Provider Locating Tool

CareFirst

<https://member.carefirst.com/mos/#/fadsdpublic/search/lifebridge>

Medical Plan Summary Disclaimer:

This summary of benefits is meant only as a brief description of some of the benefits offered. This summary does not include specific plan detail.

You should refer to the specific plan documentation for specific plan details such as benefit limitations, exclusions, and other plan terms, which can be found at the Benefits website, on <http://www.lifebridgehealth.org/benefits>.

This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All benefits described in this summary may be discontinued, increased, decreased, or altered at any time, with or without notice.

If any discrepancy exists between this summary and the official document, the official document SPD will prevail.