

PREMERA EDUCATION PROGRAM

Qualified High Deductible Health Plan

Effective November 1, 2017

PCY = Per Calendar Year OT = Occupational Therapy
PT = Physical Therapy Rx = Prescription Drugs

Cost share amounts represent what you pay. All services are subject to the deductible except as noted. Dual coverage is not allowed if you are enrolled in a QHDHP.

Cost Shares	Provider Network	QHDHP Heritage	
		In-Network	Out-of-Network
Deductible			
Deductible PCY *	Individual	\$1,750	\$3,000
	Family*	\$3,500	\$6,000
Deductible Carryover		Not Available	Not Available
Coinsurance			
Coinsurance		20%	50%
Out-of-Pocket Maximum PCY** includes deductible and coinsurance (medical and Rx)	Individual	\$5,000	No limit
	Family	\$10,000	No limit
Covered Services			
Preventive Care			
Exams/Vaccinations		\$0***	Not covered
Preventive Screenings			50%
Professional Care			
Office Visit			
Outpatient Professional Services		20%	50%
Inpatient Professional Services			
Alternative Care			
Manipulations (Spinal and other) 12 visits PCY			
Acupuncture 12 visits PCY		20%	50%
Naturopathic Services			
Diagnostic Services			
Mammography (Non-preventive)		20%	50%
Outpatient Diagnostic Imaging and Laboratory Services			
Emergency Care			
Emergency Care			
Ambulance (Air or ground)		20%	20%
Facility Care			
Inpatient Care		20%	50%
Outpatient Facility Care			
Maternity			
Maternity—Prenatal Care		Covered in full	50%
Maternity—Delivery/Postnatal Care (newborns have their own deductibles and coinsurance)		20%	50%
Other Services			
Mental Health Care (Inpatient/outpatient)		20%	50%
Rehabilitation Outpatient: 15 visits PCY; Inpatient: 30 days PCY (PT, Massage, Speech, OT)		20%	50%
Prescription Drugs**** (subject to medical deductible)			
Retail Pharmacy up to 30-day supply			
Mail Order Pharmacy up to 90-day supply		20%	20%
Specialty Drugs up to 30-day supply			
Drug List		A-1	
Symetra Life and AD&D Insurance		\$25,000 Term Life and AD&D for employee only	