2019 Medical Summary

Please refer to ASU Summary Plan Description (SPD) for plan coverage, limitations and restrictions.

Out-of-network services are covered under out-of-network benefits except in case of emergency. Out-of-network providers are reimbursed at the in-network fee schedule. You may be balance billed for charges by the provider if they bill more than what is allowed for in-network services, which may then exceed the out-of-network deductible, 60% coinsurance and out-of-pocket maximum.

	CLASSIC PLAN		PREMIER PLAN	
	In Network	Out of Network	In Network	Out of Network
Deductible	$1,500 individual/$3,000 family	$3,000 individual/$6,000 family	$1,000 individual/$2,000 family	$2,000 individual/$4,000 family
Coinsurance	20%	40%	20%	40%
Out-of-pocket Maximums (includes deductibles, co-insurance, and copays) - Excludes Pharmacy	$4,000 per individual $8,000 per family	$8,000 per individual $16,000 per family	$3,000 per individual $6,000 per family	$6,000 per individual $12,000 per family
Outpatient Provider Services[i] • Primary Care Physicians • Mental Health Provider[ii] • Specialist Services	 $35 copay $35 copay $50 copay (additional services in office may also be subject to co-insurance)	 Covered 60% after deductible Covered 60% after deductible Covered 60% after deductible	 $35 copay $35 copay $50 copay (additional services in office may also be subject to co-insurance)	 Covered 60% after deductible Covered 60% after deductible Covered 60% after deductible
Telemedicine	$20 copay	Not Available	$20 copay	Not Available
Urgent Care • Primary Care Physicians • Emergency Room (for non-emergency services)	 $35 copay (additional services may be subject to co-insurance) Covered 80% after deductible, plus $200 copay	 Covered 60% after deductible Covered 60% after deductible, plus $200 copay	 $35 copay (additional services may be subject to co-insurance) Covered 80% after deductible, plus $200 copay	 Covered 60% after deductible Covered 60% after deductible, plus $200 copay
Outpatient Rehabilitation • Physical Therapy • Occupational Therapy • Speech Therapy (20 visits per year)	 $35 copay $35 copay $35 copay	 Covered 60% after deductible Covered 60% after deductible Covered 60% after deductible	 $35 copay $35 copay $35 copay	 Covered 60% after deductible Covered 60% after deductible Covered 60% after deductible
Hospital and Outpatient Services (e.g., diagnostic services, medical procedures, advanced imaging, surgery)[iii]	Covered 80% after deductible	Covered 60% after deductible	Covered 80% after deductible	Covered 60% after deductible
Preventive Care • Annual GYN Exam • Wellness & Adult Immunizations • Well Child Care & Immunizations	 $0 copay $0 copay $0 copay	 Available in-network only Available in-network only $0 copay children under age 19	 $0 copay $0 copay $0 copay	 Available in-network only Available in-network only $0 copay children under age 19
Pregnancy • Physician Charges - Prenatal Care & Delivery • Hospital Charges • Breast Feeding Equipment Rental	 Covered 80% deductible waived Covered 80% after deductible Covered 100%	 Covered 60% deductible waived Covered 60% after deductible Not covered	 Covered 80% deductible waived Covered 80% after deductible Covered 100%	 Covered 60% deductible waived Covered 60% after deductible

2019 Medical Summary (continued)

Please refer to ASU Summary Plan Description (SPD) for plan coverage, limitations and restrictions.

	CLASSIC PLAN		PREMIER PLAN	
	In Network	Out of Network	In Network	Out of Network
Inpatient Mental Health/ Substance Abuse[1]	Covered 80% after deductible	Covered 60% after deductible	Covered 80% after deductible	Covered 60% after deductible
Chiropractic Services – Limit of 20 visits per year	50% coinsurance deductible waived	Not covered	50% coinsurance deductible waived	Not covered
Prescription Drugs (participating pharmacy) • Generic • Preferred Brand • Brand • Maximum Annual Out of Pocket	 $12 $50 $80 $2,000 Individual/$4,000 Family	Not covered	 $12 $50 $80 $2,000 Individual/$4,000 Family	Not Covered

Prepared by ASU System Office 10/17/2018

[i] Copay covers basic office visit, but does not cover other services including labs, x-rays, injections, testing, and other procedures. Additional services are subject to co-insurance. Some outpatient services are also subject to a deductible even if performed in your physician's office as part of an office visit. Advanced imaging in an outpatient setting, requires a prior authorization.

[ii] ASU utilizes New Directions for both inpatient and outpatient management of behavioral health.

[iii] Pre-certification is required for in-patient and outpatient services such as surgery and medical procedures. In-network pre-certification is coordinated by your physician. Individual is responsible for out-of-network pre-certification or subject to $200 penalty. Advanced imaging in an outpatient setting, requires a prior authorization.