

Prevea360 Health Plan

VANS LUMBER & CUSTOM BUILDERS

Product Type: Network

Effective Date: 01/01/2021

Plan Code: HMO04558/PHA01975

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$3000 single / \$6000 family	N/A
Coinsurance	0% coinsurance after deductible	N/A
Office Visit Charge (Primary/Specialist)	\$40 copay / \$40 copay	Not Covered / Not Covered
Office Visit and Related Services	0% coinsurance after deductible	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible and Coinsurance Limit	\$3000 single / \$6000 family	N/A
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$7150 single / \$14300 family	N/A
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier)	
Tier 1	\$20 copay	Not Covered
Tier 2	\$45 copay	Not Covered
Tier 3	\$70 copay	Not Covered
Tier 4	\$100 copay	Not Covered
Tier 5	\$200 copay	Not Covered
Diagnostic Services		
Diagnostic Services	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered
Hospital & Surgical Center		
Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered
Emergency Services		
Urgent Care	\$40 copay and/or 0% coinsurance after deductible	\$40 copay and/or 0% coinsurance after deductible
Emergency Room Services (Copay is waived if admitted)	\$150 copay and/or 0% coinsurance after deductible	\$150 copay and/or 0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible
Other Services		
Mental Health Inpatient	0% coinsurance after deductible	Not Covered
Mental Health Day Treatment Programs	0% coinsurance after deductible	Not Covered
Mental Health Outpatient	\$40 copay	Not Covered
Durable Medical Equipment	0% coinsurance after deductible	Not Covered
Physical, Speech & Occupational Therapy	\$40 copay per therapy type per day	Not Covered
Plan Special Features		

This renewal plan includes prescription drug coverage that is creditable
Unless otherwise noted, all benefits are based on a Calendar Year

This benefit summary is a highlight of your benefits and should not be relied upon to fully disclose your coverage.
Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at www.prevea360.com.