

Prevea360 Health Plan

VANS LUMBER & CUSTOM BUILDERS

Product Type: Network HDHP

Effective Date: 01/01/2021

Plan Code: HMO04496/PHA01755

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$5000 single / \$10000 family	N/A
Coinsurance	20% coinsurance after deductible	N/A
Office Visit Charge (Primary/Specialist)	20% coinsurance after deductible / 20% coinsurance after deductible	Not Covered / Not Covered
Office Visit and Related Services	20% coinsurance after deductible	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible and Coinsurance Limit	N/A	N/A
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$6000 single / \$12000 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% coinsurance after deductible	Not Covered
Tier 2	20% coinsurance after deductible	Not Covered
Tier 3	20% coinsurance after deductible	Not Covered
Tier 4	20% coinsurance after deductible	Not Covered
Tier 5	Not Covered	Not Covered
Diagnostic Services		
Diagnostic Services	20% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	20% coinsurance after deductible	Not Covered
Hospital & Surgical Center		
Inpatient Hospital	20% coinsurance after deductible	Not Covered
Outpatient Hospital	20% coinsurance after deductible	Not Covered
Emergency Services		
Urgent Care	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Services (Copay is waived if admitted)	20% coinsurance after deductible	20% coinsurance after deductible
Ambulance	20% coinsurance after deductible	20% coinsurance after deductible
Other Services		
Mental Health Inpatient	20% coinsurance after deductible	Not Covered
Mental Health Day Treatment Programs	20% coinsurance after deductible	Not Covered
Mental Health Outpatient	20% coinsurance after deductible	Not Covered
Durable Medical Equipment	20% coinsurance after deductible	Not Covered
Physical, Speech & Occupational Therapy	20% coinsurance after deductible	Not Covered
Plan Special Features	HSA Qualified High Deductible Health Plan with Embedded Deductible.	

This renewal plan includes prescription drug coverage that is non-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.