Local Care Health Plan (LCHP) Benefits

Local Care Health Plan (LCHP) members may choose any physician or hospital for medical services; however, members receive enhanced benefits, resulting in lower out-of-pocket costs, when receiving services from a LCHP in-network provider. LCHP has a nationwide network of providers through Aetna PPO. Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the LCHP. For a copy of the SPD, contact the plan administrator (see page 14).

Plan Year Maximums and Deductibles			
In-Network Medical $1,000 per enrollee	In-Network Prescription $175 per enrollee	Out-of-Network Medical $1,000 per enrollee	Out-of-Network Prescription $175 per enrollee

Out-of-Pocket Maximum Limits			
In-Network Individual $2,000	In-Network Family $4,000	Out-of-Network Individual $6,000	Out-of-Network Family $12,000

Hospital Services *(Percentages listed represent how much is covered by the plan)*		
	In-Network	**Out-of-Network***
Emergency Room Services	$400 per visit 80% covered; Deductible applies	$400 per visit 50% covered; Deductible applies
Inpatient Hospitalization	80% covered; Deductible applies after $350 per admission	50% of allowable charges; Deductible applies after $600 per admission
Inpatient Alcohol and Substance Abuse	80% covered; Deductible applies after $350 per admission	50% of allowable charges; Deductible applies after $600 per admission
Inpatient Psychiatric Admission	80% covered; Deductible applies after $350 per admission	50% of allowable charges; Deductible applies after $600 per admission
Outpatient Surgery	80% covered; Deductible applies	50% of allowable charges; Deductible applies
Skilled Nursing Facility	80% covered; Deductible applies	50% of allowable charges; Deductible applies
Diagnostic Lab and X-ray	80% covered; Deductible applies	50% of allowable charges; Deductible applies

Transplant Services	
Organ and Tissue Transplants	80% after $250 transplant copayment; Deductible applies, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator,. To assure coverage, contact Aetna prior to beginning evaluation services.

Professional and Other Services		
	In-Network	**Out-of-Network***
Preventive Care/Well-Baby/Immunizations	100% covered	50% of allowable charges; Deductible applies
Physician Office Visit	80% covered; Deductible applies	50% of allowable charges; Deductible applies
Specialist Office Visit	80% covered; Deductible applies	50% of allowable charges; Deductible applies
Telemedicine	80% covered; Deductible applies	Does Not Apply
Outpatient Psychiatric and Substance Abuse	80% covered; Deductible applies	50% of allowable charges; Deductible applies
Durable Medical Equipment	80% covered; Deductible applies	50% of allowable charges; Deductible applies
Home Health Care	80% covered; Deductible applies	50% of allowable charges; Deductible applies

Prescription Drugs

Plan Year Pharmacy Deductible – $175 per enrollee Preventive Prescription Drugs – $0

	Tier I	**Tier II**	**Tier III**	**Specialty Tier**
Copayments (30-day supply)	$15	$30	$60	$120
Copayments (90-day supply)	$30	$60	$120	$240
Maintenance Choice (90-day supply)**	$15	$30	$60	–

* Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your plan year out-of-pocket maximum; this varies by plan and geographic region.

** Medications received at CVS Caremark® Pharmacy or through CVS Caremark® Mail Service Pharmacy.