

## 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.

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.