

Local Care Health Plan (LCHP) Benefits

Local Care Health Plan (LCHP) members may choose any physician or hospital for medical services; however, when receiving services from a LCDHP in-network provider, members receive enhanced benefits, resulting in lower out-of-pocket costs. 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 10).

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; Deductible applies | \$400 per visit; 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.

*** For an explanation of Out of Pocket Maximums, please see page 8.