Quality Care Health Plan (QCHP) Benefits

Quality Care Health Plan (QCHP) 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 QCHP in-network provider. QCHP 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 QCHP. For a copy of the SPD, contact the plan administrator (see page 11).

Plan Year Maximums and Deductibles

Employee's Annual Salary (based on each employee's annual salary as of March 1st)	Individual Plan Year Deductible	Family Plan Year Deductible Cap
$60,700 or less	$425	$1,000
$60,701 - $75,900	$525	$1,250
$75,901 and more	$575	$1,375
Retiree/Annuitant/Survivor	$425	$1,000
Dependents	$425	N/A

Out-of-Pocket Maximum Limits

In-Network Individual	In-Network Family	Out-of-Network Individual	Out-of-Network Family
$1,750	$4,375	$7,000	$13,500

Hospital Services (Percentages listed represent how much is covered by the plan)

	In-Network	Out-of-Network*
Emergency Room Services	$450 per visit; Deductible applies	$450 per visit; Deductible applies
Inpatient Hospitalization	85% of network charges; Deductible applies after $200 per admission	60% of allowable charges; Deductible applies after $800 per admission
Inpatient Alcohol and Substance Abuse	85% of network charges; Deductible applies after $200 per admission	60% of allowable charges; Deductible applies after $800 per admission
Inpatient Psychiatric Admission	85% of network charges; Deductible applies after $200 per admission	60% of allowable charges; Deductible applies after $800 per admission
Outpatient Surgery	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Skilled Nursing Facility	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Diagnostic Lab and X-ray	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Complex Imaging (CT/Pet Scans/MRIs)	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies

Transplant Services

Organ and Tissue Transplants	85% after $200 transplant deductible, 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	60% of allowable charges; Deductible applies
Physician Office Visit	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Specialist Office Visit	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Telemedicine	85% of network charges; Deductible applies	Does Not Apply
Outpatient Psychiatric and Substance Abuse	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Durable Medical Equipment	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies
Home Health Care	85% of network charges; Deductible applies	60% of allowable charges; Deductible applies

Prescription Drugs

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

	Tier I	Tier II	Tier III
Copayments (30-day supply)	$18.00	$38.00	$60.00
Copayments (90-day supply)	$45.00	$95.00	$150.00
Maintenance Choice (90-day supply)**	$22.50	$47.50	$75.00

* 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® Retail Pharmacy or through CVS Caremark® Mail Service Pharmacy.