

Core Plan Medical Schedule of Benefits (Effective July 01, 2018 - June 30, 2019)
AAMC Employees and Eligible Dependents



		AAMC Preferred Network Provider	EHP Network Provider
Plan Year Deductible	Individual	\$1500 for an employee with individual coverage only (combined with EHP Network)*	\$1500 for an employee with individual coverage only (combined with AAMC Network)*
	Family	\$3000 for all OTHER coverage levels (combined with EHP Network)*	\$3000 for all OTHER coverage levels (combined with AAMC Network)*
Out-of-Pocket Maximum	Individual	\$4000 for an employee with individual coverage only (combined with EHP Network)*	\$4000 for an employee with individual coverage only (combined with AAMC Network)*
	Family	\$8000 for all OTHER coverage levels (combined with EHP Network)*	\$8000 for all OTHER coverage levels (combined with AAMC Network)*
Lifetime Maximum		Unlimited	

Services & Supplies (In Alphabetical Order)		AAMC Preferred Network Provider	EHP Network Provider
Acupuncture	Medically necessary services for anesthesia, pain control, and therapeutic purposes	After deductible, 80% of allowed amount (20 visit annual maximum for all networks combined)	After deductible, 80% of allowed amount (20 visit annual maximum for all networks combined)
Allergy Tests & Procedures	Allergy tests	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
	Desensitization materials and serum	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
Ambulance Transportation	Medically necessary transport	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
Biofeedback	Biofeedback	After deductible, 80% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
Chemo & Radiation Therapy	Physician visit	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
	Materials and treatment	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
Chiropractic Care	Chiropractor restricted to initial exam, x-rays, and spinal manipulations	After deductible, 80% of allowed amount (20 visit annual maximum for all networks combined)	After deductible, 80% of allowed amount (20 visit annual maximum for all networks combined)
	Chiropractor with PT privileges (physical therapy services)	Refer to Therapy Section	Refer to Therapy Section
Dialysis	Medically necessary services	After deductible, 80% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
Durable Medical Equipment	Breast pumps (standard) and related supplies	100% of allowed amount; deductible waived	100% of allowed amount; deductible waived
	Contraceptive devices	100% of allowed amount; deductible waived	100% of allowed amount; deductible waived
	Custom DME, including custom wheelchairs	After deductible, 80% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
	Custom-molded orthotics	After deductible, 80% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
	Insulin pumps, Continuous Glucose Monitor and related supplies	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
	Hearing aids	After deductible, 80% of allowed amount (for dependent children under age 26 pre-authorization required; replacement aids once every 36 months all networks combined)	After deductible, 80% of allowed amount (for dependent children under age 26 pre-authorization required; replacement aids once every 36 months all networks combined)
	Non-custom medical equipment and supplies	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
	Prosthetic devices	After deductible, 80% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)

Core Plan Medical Schedule of Benefits (Effective July 01, 2018 - June 30, 2019)
AAMC Employees and Eligible Dependents



Services & Supplies (In Alphabetical Order)		AAMC Preferred Network Provider	EHP Network Provider
Emergency Services	Emergency care (facility fees)	After deductible, \$150 co-pay, then 100% of allowed amount (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	After deductible, \$150 co-pay, then 100% of allowed amount (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage
	Emergency care (professional fees)	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
Home Health Services	Medically necessary services	After deductible, 80% of allowed amount (90 visits per year maximum for all networks combined; pre-authorization required)	After deductible, 80% of allowed amount (90 visits per year maximum for all networks combined; pre-authorization required)
	Home infusion therapy	After deductible, 80% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
Hospice Care	Inpatient and home hospice	After deductible, 80% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
Hospital Care	Inpatient care including newborn nursery care; NICU (facility fees)	After deductible, 100% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
	Inpatient care (professional fees)	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
	Skilled nursing/rehabilitation facility	After deductible, 80% of allowed amount (120 days per year maximum, combined with short-term acute rehabilitation, all networks combined for medically necessary services; pre-authorization required)	After deductible, 80% of allowed amount (120 days per year maximum, combined with short-term acute rehabilitation, all networks combined for medically necessary services; pre-authorization required)
	Short-term acute rehabilitation	After deductible, 80% of allowed amount (120 days per year maximum, combined with skilled nursing/rehabilitation facility, all networks combined for medically necessary services; pre-authorization required)	After deductible, 80% of allowed amount (120 days per year maximum, combined with skilled nursing/rehabilitation facility, all networks combined for medically necessary services; pre-authorization required)
	Observation care (facility fees)	After deductible, \$150 co-pay, then 100% of allowed amount (if admitted, observation care co-pay waived); see Inpatient Facility Care for coverage	After deductible, \$150 co-pay, then 100% of allowed amount (if admitted, observation care co-pay waived); see Inpatient Facility Care for coverage
	Observation care (professional fees)	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
	Outpatient surgery & ambulatory surgical center (facility fees)	After deductible, 100% of allowed amount (includes freestanding surgical centers)	After deductible, 80% of allowed amount (includes freestanding surgical centers)
	Outpatient surgery & ambulatory surgical center (professional fees)	After deductible, 80% of allowed amount (includes freestanding surgical centers)	After deductible, 80% of allowed amount (includes freestanding surgical centers)
Hyperbaric Oxygen Therapy	Medically necessary services	After deductible, 100% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
Immunizations	Preventive immunizations for communicable diseases	100% of allowed amount; deductible waived	100% of allowed amount; deductible waived
	Travel immunizations	Not Covered	Not Covered
Infusion Therapy	Home infusion therapy	After deductible, 80% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
	Outpatient infusion therapy	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount

Core Plan Medical Schedule of Benefits (Effective July 01, 2018 - June 30, 2019)
AAMC Employees and Eligible Dependents



Services & Supplies (In Alphabetical Order)		AAMC Preferred Network Provider	EHP Network Provider
Injections	Injections	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
	Materials and serum	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
Laboratory	Laboratory tests including pathology	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
Mental Health & Substance Abuse Services	Outpatient mental health care (facility fees)	After deductible, 100% of allowed amount	After deductible, 100% of allowed amount
	Outpatient mental health care (professional fees)	After deductible, 100% of allowed amount	After deductible, 100% of allowed amount
	Inpatient mental health care (facility fees)	After deductible, 100% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
	Inpatient mental health care (professional fees)	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
	Outpatient substance abuse care (facility fees)	After deductible, 100% of allowed amount	After deductible, 100% of allowed amount
	Outpatient substance abuse care (professional fees)	After deductible, 100% of allowed amount	After deductible, 100% of allowed amount
	Inpatient substance abuse care (facility fees)	After deductible, 100% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
	Inpatient substance abuse care (professional fees)	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
	Intensive outpatient program	After deductible, 100% of allowed amount (pre-authorization required)	After deductible, 100% of allowed amount (pre-authorization required)
	Partial hospital facility services	After deductible, 100% of allowed amount (pre-authorization required)	After deductible, 100% of allowed amount (pre-authorization required)
	Medication management	After deductible, 100% of allowed amount	After deductible, 100% of allowed amount
	Mental health testing and procedures	After deductible, 100% of allowed amount (pre-authorization required)	After deductible, 100% of allowed amount (pre-authorization required)
Methodone Treatment	Medically necessary outpatient care	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
Nutritional Counseling	Medically necessary services	After deductible, 100% of allowed amount (limited to 2 visits per plan year without pre-authorization for all networks combined; additional visits must be pre-authorized)	After deductible, 80% of allowed amount (limited to 2 visits per plan year without pre-authorization for all networks combined; additional visits must be pre-authorized)

Core Plan Medical Schedule of Benefits (Effective July 01, 2018 - June 30, 2019)
AAMC Employees and Eligible Dependents



Services & Supplies (In Alphabetical Order)		AAMC Preferred Network Provider	EHP Network Provider
Office Visits for Treatment of Illness or Injury	Primary care office visit only (Adult)	After deductible, 100% of allowed amount	After deductible, 100% of allowed amount
	Primary care office visit (Pediatric: age 19 and under)	After deductible, 100% of allowed amount	After deductible, 100% of allowed amount
	Primary care office visit only (GYN)	After deductible, 100% of allowed amount	After deductible, 100% of allowed amount
	Specialty care office visit only (Adult & Pediatric)	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
	Treatment and diagnostic services in the office	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
Preventive Services	Preventive exam (PCP, GYN and Well Child care)	100% of allowed amount; deductible waived	100% of allowed amount; deductible waived
	Diagnostic services for preventive exam	100% of allowed amount; deductible waived	100% of allowed amount; deductible waived
	Routine preventive screenings: mammogram, colonoscopy, PAP test, etc.	100% of allowed amount; deductible waived	100% of allowed amount; deductible waived
	Routine hearing exams	Not Covered	Not Covered
Private Duty Nursing	Private Duty Nursing	Not Covered	Not Covered
Radiology Procedures	Advance imaging including MRI, CT and PET scans	After deductible, \$150 co-pay, then 100% of allowed amount	After deductible, \$150 co-pay, then 80% of allowed amount
	All other imaging studies; including X-Ray and Ultrasound	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount

Core Plan Medical Schedule of Benefits (Effective July 01, 2018 - June 30, 2019)
AAMC Employees and Eligible Dependents



Services & Supplies (In Alphabetical Order)		AAMC Preferred Network Provider	EHP Network Provider
Reproductive Health	Physician office visits (prenatal care only)	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
	Infertility treatment	After deductible, 80% of allowed amount (pre-authorization required) \$10,000 lifetime maximum all networks combined	After deductible, 80% of allowed amount (pre-authorization required) \$10,000 lifetime maximum all networks combined
	Birthing centers (facility fees)	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
	Birthing centers (professional fees)	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
	Inpatient maternity care and delivery; newborn nursery care; NICU (facility fees)	After deductible, 100% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
	Inpatient maternity care and delivery; newborn nursery care; NICU (professional fees)	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
	Interruption of pregnancy	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
	Female sterilization (professional services for surgery, anesthesia and related pathology)	100% of allowed amount; deductible waived	100% of allowed amount; deductible waived
Male sterilization (professional services for surgery, anesthesia and related pathology)	After deductible, 100% of allowed amount	After deductible, 100% of allowed amount	
Surgical Procedures	Surgical treatment for morbid obesity	After deductible, 100% of allowed amount (pre-authorization required) Covered at AAMC only	Covered at AAMC only
	Primary care office surgical procedures	After deductible, 100% of allowed amount	After deductible, 100% of allowed amount
	Specialist care office surgical procedures	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
	Outpatient surgery (including freestanding surgical centers) (facility fees)	After deductible, 100% of allowed amount	After deductible, 80% of allowed amount
	Outpatient surgery (including freestanding surgical centers) (professional fees)	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
	Inpatient surgery (facility fees)	After deductible, 100% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount applies (pre-authorization required)
	Inpatient surgery (professional fees)	After deductible, 80% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)

Core Plan Medical Schedule of Benefits (Effective July 01, 2018 - June 30, 2019)
AAMC Employees and Eligible Dependents



Services & Supplies (In Alphabetical Order)		AAMC Preferred Network Provider	EHP Network Provider
Therapy	Habilitative services for children under the age of 19	After deductible, 100% of allowed amount; (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
	Physical therapy/occupational therapy medically necessary services	After deductible, 100% of allowed amount (60 visits per year maximum for all networks combined: PT/OT pre-authorization required for visits 21-60)	After deductible, 80% of allowed amount (60 visits per year maximum for all networks combined: PT/OT pre-authorization required for visits 21-60)
	Speech therapy (non-developmental medically necessary services)	After deductible, 100% of allowed amount (30 visits per year maximum for all networks combined) pre-authorization required	After deductible, 80% of allowed amount (30 visits per year maximum for all networks combined) pre-authorization required
	Pulmonary rehabilitation	After deductible, 100% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
	Cardiac rehabilitation	After deductible, 100% of allowed amount (pre-authorization required)	After deductible, 80% of allowed amount (pre-authorization required)
	Vision therapy	Not Covered	Not Covered
Urgent Care Center	Physician visit	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount
	Diagnostic services and treatment	After deductible, 80% of allowed amount	After deductible, 80% of allowed amount