

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



		AAMC Preferred Network Provider	EHP Network Provider	Out of Network Provider
Plan Year Deductible	Individual	\$0	\$0	\$500
	Family	\$0	\$0	\$1000
Out-of-Pocket Maximum	Individual	\$3500 (combined with EHP Network)	\$3500 (combined with AAMC Network)	\$4500
	Family	\$7000 (combined with EHP Network)	\$7000 (combined with AAMC Network)	\$11000
Lifetime Maximum		Unlimited		

Services & Supplies (In Alphabetical Order)		AAMC Preferred Network Provider	EHP Network Provider	Out of Network Provider
Acupuncture	Medically necessary services for anesthesia, pain control, and therapeutic purposes	\$15 co-pay for office visit, then 80% of allowed amount (20 visit annual maximum for all networks combined)	\$15 co-pay for office visit, then 80% of allowed amount (20 visit annual maximum for all networks combined)	After deductible, 70% of R&C (20 visit annual maximum for all networks combined)
Allergy Tests & Procedures	Allergy tests	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
	Desensitization materials and serum	80% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
Ambulance Transportation	Medically necessary transport	80% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
Biofeedback	Biofeedback	100% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
Chemo & Radiation Therapy	Physician visit	\$40 co-pay for office visit, then 100% of allowed amount	\$40 co-pay for office visit, then 80% of allowed amount	After deductible, 70% of R&C
	Materials and treatment	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
Chiropractic Care	Chiropractor restricted to initial exam, x-rays, and spinal manipulations	\$15 co-pay for office visit, then 80% of allowed amount (20 visit annual maximum for all networks combined)	\$15 co-pay for office visit, then 80% of allowed amount (20 visit annual maximum for all networks combined)	After deductible, 70% of R&C (20 visit annual maximum for all networks combined)
	Chiropractor with PT privileges (physical therapy services)	Refer to Therapy Section	Refer to Therapy Section	Refer to Therapy Section
Dialysis	Medically necessary services	100% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
Durable Medical Equipment	Breast pumps (standard) and related supplies	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C (pre-authorization required)
	Contraceptive devices	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
	Custom DME, including custom wheelchairs	80% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
	Custom-molded orthotics	80% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
	Insulin pumps, Continuous Glucose Monitor and related supplies	80% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
	Hearing aids	80% of allowed amount (for dependent children under age 26; pre-authorization required; replacement aids once every 36 months all networks combined)	80% of allowed amount (for dependent children under age 26; pre-authorization required; replacement aids once every 36 months all networks combined)	After deductible, 70% of R&C (for dependent children under age 26; pre-authorization required; replacement aids once every 36 months all networks combined)
	Non-custom medical equipment and supplies	80% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
	Prosthetic devices	80% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)

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Emergency Services	Emergency care (facility fees)	\$150 co-pay, then 100% of allowed amount (if admitted, ER co-pay waived) see Inpatient Facility Care for coverage	\$150 co-pay, then 100% of allowed amount (if admitted, ER co-pay waived) see Inpatient Facility Care for coverage	\$150 co-pay, then 100% of R&C; deductible waived (if admitted, ER co-pay waived) see Inpatient Facility Care for coverage
	Emergency care (professional fees)	\$15 co-pay, then 100% of allowed amount (if admitted, ER co-pay waived)	\$15 co-pay, then 100% of allowed amount (if admitted, ER co-pay waived)	\$15 co-pay, then 100% of R&C, deductible waived (if admitted, ER co-pay waived)
Home Health Services	Medically necessary services	80% of allowed amount (90 visits per year maximum for all networks combined; pre-authorization required)	80% of allowed amount (90 visits per year maximum for all networks combined; pre-authorization required)	After deductible, 70% of R&C (90 visits per year maximum for all networks combined; pre-authorization required)
	Home infusion therapy	80% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
Hospice Care	Inpatient and home hospice	100% of allowed amount (pre-authorization required)	100% of allowed amount (pre-authorization required)	70% of R&C; deductible waived (pre-authorization required)
Hospital Care	Inpatient care including newborn nursery care; NICU (facility fees)	\$500 co-pay per admission, then 100% of allowed amount (pre-authorization required)	\$1,000 co-pay per admission, then 80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
	Inpatient care (professional fees)	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
	Skilled nursing/rehabilitation facility	\$15 co-pay per day, then 100% of allowed amount for the first 30 days, remaining days at 100% of allowed amount (120 days per year maximum, combined with short-term acute rehabilitation, all networks combined for medically necessary services; pre-authorization required)	\$15 co-pay per day, then 100% of allowed amount for the first 30 days, remaining days at 100% 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, 70% of R&C (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	\$15 co-pay per day, then 100% of allowed amount for the first 30 days, remaining days at 100% of allowed amount (120 days per year maximum, combined with skilled nursing/rehabilitation facility, all networks combined for medically necessary services; pre-authorization required)	\$15 co-pay per day, then 100% of allowed amount for the first 30 days, remaining days at 100% 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, 70% of R&C (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)	\$150 co-pay, then 100% of allowed amount (if admitted, observation co-pay waived) see Inpatient Facility Care for coverage	\$150 co-pay, then 100% of allowed amount (if admitted, observation co-pay waived) see Inpatient Facility Care for coverage	\$150 co-pay, then 100% of R&C; deductible waived (if admitted, observation co-pay waived; see Inpatient Facility Care for coverage)
	Observation care (professional fees)	\$15 co-pay per visit, then 100% of allowed amount (if admitted, observation co-pay waived)	\$15 co-pay per visit, then 100% of allowed amount (if admitted, observation co-pay waived)	\$15 co-pay per visit, then 100% of allowed amount (if admitted, observation co-pay waived)
	Outpatient surgery & ambulatory surgical center (facility fees)	100% of allowed amount (includes freestanding surgical centers)	80% of allowed amount (includes freestanding surgical centers)	After deductible, 70% of R&C (includes freestanding surgical centers)
	Outpatient surgery & ambulatory surgical center (professional fees)	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
Hyperbaric Oxygen Therapy	Medically necessary services	100% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
Immunizations	Preventive immunizations for communicable diseases	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
	Travel immunizations	Not Covered	Not Covered	Not Covered
Infusion Therapy	Home infusion therapy	80% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
	Outpatient infusion therapy	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C

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Injections	Injections	80% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
	Materials and serum	80% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
Laboratory	Laboratory tests including pathology	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
Mental Health & Substance Abuse Services	Outpatient mental health care (facility fees)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount	After deductible, 70% of R&C
	Outpatient mental health care (professional fees)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount	After deductible, 70% of R&C
	Inpatient mental health care (facility fees)	\$500 co-pay per admission, then 100% of allowed amount (pre-authorization required)	\$1,000 co-pay per admission, then 80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
	Inpatient mental health care (professional fees)	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
	Outpatient substance abuse care (facility fees)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount	After deductible, 70% of R&C
	Outpatient substance abuse care (professional fees)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount	After deductible, 70% of R&C
	Inpatient substance abuse care (facility fees)	\$500 co-pay per admission, then 100% of allowed amount (pre-authorization required)	\$1,000 co-pay per admission, then 80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
	Inpatient substance abuse care (professional fees)	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
	Intensive outpatient program	\$15 co-pay per day, then 100% of allowed amount (pre-authorization required)	\$15 co-pay per day, then 100% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
	Partial hospital facility services	\$15 co-pay per day, then 100% of allowed amount; (pre-authorization required)	\$15 co-pay per day, then 100% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
	Medication management	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount	After deductible, 70% of R&C
	Mental health testing and procedures	\$15 co-pay, then 100% of allowed amount; (pre-authorization required)	\$15 co-pay, then 100% of allowed amount; (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
Methodone Treatment	Medically necessary outpatient care	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount	After deductible, 70% of R&C
Nutritional Counseling	Medically necessary services	100% of allowed amount (limited to 2 visits per plan year without pre-authorization for all networks combined; additional visits must be pre-authorized)	80% 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, 70% of R&C (limited to 2 visits per plan year without pre-authorization for all networks combined; additional visits must be pre-authorized)

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Office Visits for Treatment of Illness or Injury	Primary care office visit only (Adult)	\$15 co-pay per visit, then 100% of allowed amount	\$15 co-pay per visit, then 100% of allowed amount	After deductible, 70% of R&C
	Primary care office visit (Pediatric: age 19 and under)	\$15 co-pay per visit, then 100% of allowed amount	\$15 co-pay per visit, then 100% of allowed amount	After deductible, 70% of R&C
	Primary care office visit only (GYN)	\$15 co-pay per visit, then 100% of allowed amount	\$15 co-pay per visit, then 100% of allowed amount	After deductible, 70% of R&C
	Specialty care office visit only (Adult & Pediatric)	\$40 co-pay per visit, then 100% of allowed amount	\$40 co-pay per visit, then 80% of allowed amount	After deductible, 70% of R&C
	Treatment and diagnostic services in the office	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
Preventive Services	Preventive exam (PCP, GYN and Well Child care)	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
	Diagnostic services for preventive exam	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
	Routine preventive screenings: mammogram, colonoscopy, PAP test, etc.	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
	Routine hearing exams	Not Covered	Not Covered	Not Covered
Private Duty Nursing	Private Duty Nursing	Not Covered	Not Covered	Not Covered
Radiology Procedures	Advance imaging including MRI, CT and PET scans	\$150 co-pay, then 100% of allowed amount	\$150 co-pay, then 80% of allowed amount	After deductible, 70% of R&C
	All other imaging studies; including X-Ray and Ultrasound	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C

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Reproductive Health	Physician office visits (prenatal care only)	\$15 co-pay then 100% of allowed amount	\$15 co-pay then 100% of allowed amount	After deductible, 70% of R&C
	Infertility treatment	80% of allowed amount; preauthorization required (\$10,000 lifetime maximum all networks combined)	80% of allowed amount; preauthorization required (\$10,000 lifetime maximum all networks combined)	After deductible, 70% of R&C; preauthorization required (\$10,000 lifetime maximum all networks combined)
	Birth centers (facility fees)	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
	Birth centers (professional fees)	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
	Inpatient maternity care and delivery; newborn nursery care; NICU (facility fees)	\$500 co-pay per admission, then 100% of allowed amount (pre-authorization required)	\$1,000 co-pay per admission, then 80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
	Inpatient maternity care and delivery; newborn nursery care; NICU (professional fees)	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
	Interruption of pregnancy	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
	Female sterilization (professional services for surgery, anesthesia and related pathology)	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
Surgical Procedures	Male sterilization (professional services for surgery, anesthesia and related pathology)	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
	Surgical treatment for morbid obesity	100% of allowed amount (pre-authorization required) Covered at AAMC only	Covered at AAMC only	Covered at AAMC only
	Primary care office surgical procedures	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
	Specialist care office surgical procedures	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C
	Outpatient surgery (including freestanding surgical centers) (facility fees)	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
	Outpatient surgery (including freestanding surgical centers) (professional fees)	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C
	Inpatient surgery (facility fees)	\$500 co-pay per admission, then 100% of allowed amount (pre-authorization required)	\$1,000 co-pay per admission, then 80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
Inpatient surgery (professional fees)	100% of allowed amount	80% of allowed amount	After deductible, 70% of R&C	

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Therapy	Habilitative services for children under the age of 19	100% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
	Physical therapy/occupational therapy medically necessary services	\$40 co-pay, then 100% of allowed amount (60 visits per year maximum for all networks combined; PT/OT pre-authorization required for visits 21-60)	\$40 co-pay, then 80% of allowed amount (60 visits per year maximum for all networks combined; PT/OT pre-authorization required for visits 21-60)	After deductible, 70% of R&C (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)	\$40 co-pay, then 100% of allowed amount; (30 visits per year maximum for all networks combined; pre-authorization required)	\$40 co-pay, then 80% of allowed amount; (30 visits per year maximum for all networks combined; pre-authorization required)	After deductible, 70% of R&C (30 visits per year maximum for all networks combined; pre-authorization required)
	Pulmonary rehabilitation	100% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
	Cardiac rehabilitation	100% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)	After deductible, 70% of R&C (pre-authorization required)
	Vision therapy	Not Covered	Not Covered	Not Covered
Urgent Care Center	Physician visit	\$40 co-pay, then 100% of allowed amount	\$40 co-pay, then 100% of allowed amount	After deductible, 70% of R&C
	Diagnostic services and treatment	100% of allowed amount	100% of allowed amount	After deductible, 70% of R&C