

WellChoice 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	\$0	\$0
	Family	\$0	\$0
Out-of-Pocket Maximum	Individual	\$3000 (combined with EHP Network)	\$3000 (combined with AAMC Network)
	Family	\$6000 (combined with EHP Network)	\$6000 (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	\$15 co-pay for office visit, then 100% of allowed amount (20 visit annual maximum for all networks)	\$15 co-pay for office visit, then 80% of allowed amount (20 visit annual maximum for all networks)
Allergy Tests & Procedures	Allergy tests	100% of allowed amount	80% of allowed amount
	Desensitization materials and serum	80% of allowed amount	80% of allowed amount
Ambulance Transportation	Medically necessary transport	80% of allowed amount	80% of allowed amount
Biofeedback	Biofeedback	80% of allowed amount (pre-authorization required)	80% of allowed amount (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
	Materials and treatment	100% of allowed amount	80% of allowed amount
Chiropractic Care	Chiropractor restricted to initial exam, x-rays, and spinal manipulations	\$15 co-pay for office visit, then 100% 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)
	Chiropractor with PT privileges (physical therapy services)	Refer to Therapy Section	Refer to Therapy Section
Dialysis	Medically necessary services	80% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)
Durable Medical Equipment	Breast pumps (standard) and related supplies	100% of allowed amount	100% of allowed amount
	Contraceptive devices	100% of allowed amount	100% of allowed amount
	Custom DME, including custom wheelchairs	80% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)
	Custom-molded orthotics	80% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)
	Insulin pumps, Continuous Glucose Monitor and related supplies	80% of allowed amount	80% of allowed amount
	Hearing aids	100% 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)
	Non-custom medical equipment and supplies	80% of allowed amount	80% of allowed amount
	Prosthetic devices	80% of allowed amount (pre-authorization required)	80% of allowed amount (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
	Emergency care (professional fees)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount
Home Health Services	Medically necessary services	100% 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)
	Home infusion therapy	80% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)
Hospice Care	Inpatient and home hospice	80% of allowed amount (pre-authorization required)	80% of allowed amount (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)	\$1000 co-pay per admission, then 80% of allowed amount (pre-authorization required)
	Inpatient care (professional fees)	100% of allowed amount	80% of allowed amount
	Skilled nursing/rehabilitation facility	\$15 co-pay per day, then 80% of allowed amount for the first 30 days, remaining days at 80% of allowed amount (120 days per year maximum, combined with short-term acute rehabilitation, for medically necessary services; pre-authorization required)	\$15 co-pay per day, then 80% of allowed amount for the first 30 days, remaining days at 80% of allowed amount (120 days per year maximum, combined with short-term acute rehabilitation, for medically necessary services; pre-authorization required)
	Short-term acute rehabilitation	\$15 co-pay per day, then 80% of allowed amount for the first 30 days, remaining days at 80% of allowed amount (120 days per year maximum, combined with skilled nursing/rehabilitation facility, for medically necessary services; pre-authorization required)	\$15 co-pay per day, then 80% of allowed amount for the first 30 days, remaining days at 80% of allowed amount (120 days per year maximum, combined with skilled nursing/rehabilitation facility, for medically necessary services; pre-authorization required)
	Observation care (facility fees)	\$150 co-pay, then 100% of allowed amount (if admitted, observation care co-pay waived); see Inpatient Facility Care for coverage	\$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)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount
	Outpatient surgery & ambulatory surgical center (facility fees)	100% of allowed amount (includes freestanding surgical centers)	80% of allowed amount (includes freestanding surgical centers)
	Outpatient surgery & ambulatory surgical center (professional fees)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 80% of allowed amount
Hyperbaric Oxygen Therapy	Medically necessary services	100% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)
Immunizations	Preventive immunizations for communicable diseases	100% of allowed amount	100% of allowed amount
	Travel immunizations	Not Covered	Not Covered
Infusion Therapy	Home infusion therapy	80% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)
	Outpatient infusion therapy	100% of allowed amount	80% of allowed amount

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Injections	Injections	80% of allowed amount	80% of allowed amount
	Materials and serum	80% of allowed amount	80% of allowed amount
Laboratory	Laboratory tests including pathology	100% of allowed amount	80% of allowed amount
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
	Outpatient mental health care (professional fees)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount
	Inpatient mental health care (facility fees)	\$500 co-pay per admission, then 100% of allowed amount (pre-authorization required)	\$1000 co-pay per admission, then 80% of allowed amount (pre-authorization required)
	Inpatient mental health care (professional fees)	100% of allowed amount	80% of allowed amount
	Outpatient substance abuse care (facility fees)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount
	Outpatient substance abuse care (professional fees)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount
	Inpatient substance abuse care (facility fees)	\$500 co-pay per admission, then 100% of allowed amount (pre-authorization required)	\$1000 co-pay per admission, then 80% of allowed amount (pre-authorization required)
	Inpatient substance abuse care (professional fees)	100% of allowed amount	80% of allowed amount
	Intensive outpatient program	\$15 co-pay, then 100% of allowed amount (pre-authorization required)	\$15 co-pay, then 100% of allowed amount (pre-authorization required)
	Partial hospital facility services	\$15 co-pay, then 100% of allowed amount (pre-authorization required)	\$15 co-pay, then 100% of allowed amount (pre-authorization required)
	Medication management	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount
	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)
Methodone Treatment	Medically necessary outpatient care	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 80% of allowed amount
Nutritional Counseling	Medically necessary services	\$40 co-pay for office visit, then 100% of allowed amount (limited to 2 visits per plan year without pre-authorization for all networks combined; additional visits must be pre-authorized)	\$40 co-pay for office visit, then 80% of allowed amount (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, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount
	Primary care office visit (Pediatric: age 19 and under)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount
	Primary care office visit only (GYN)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 100% of allowed amount
	Specialty care office visit only (Adult & Pediatric)	\$40 co-pay, then 100% of allowed amount	\$40 co-pay, then 80% of allowed amount
	Treatment and diagnostic services in the office	100% of allowed amount	100% of allowed amount for pcp visits, 80% of allowed amount for specialty visits
Preventive Services	Preventive exam (PCP, GYN and Well Child care)	100% of allowed amount	100% of allowed amount
	Diagnostic services for preventive exam	100% of allowed amount	100% of allowed amount
	Routine preventive screenings: mammogram, colonoscopy, PAP test, etc.	100% of allowed amount	100% of allowed amount
	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	\$150 co-pay, then 100% of allowed amount	\$150 co-pay, then 80% of allowed amount
	All other imaging studies; including X-Ray and Ultrasound	100% of allowed amount	80% of allowed amount

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Reproductive Health	Physician office visits (prenatal care only)	100% of allowed amount	80% of allowed amount
	Infertility treatment	80% of allowed amount (pre-authorization required) \$10,000 lifetime maximum all networks combined	80% of allowed amount (pre-authorization required) \$10,000 lifetime maximum all networks combined
	Birthing centers (facility fees)	100% of allowed amount	80% of allowed amount
	Birthing centers (professional fees)	100% of allowed amount	80% of allowed amount
	Inpatient maternity care and delivery; newborn nursery care; NICU (facility fees)	\$500 co-pay per admission, then 100% of allowed amount (pre-authorization required)	\$1000 co-pay per admission, then 80% of allowed amount (pre-authorization required)
	Inpatient maternity care and delivery; newborn nursery care; NICU (professional fees)	100% of allowed amount	80% of allowed amount
	Interruption of pregnancy	100% of allowed amount	80% of allowed amount
	Female sterilization (professional services for surgery, anesthesia and related pathology)	100% of allowed amount	100% of allowed amount
Male sterilization (professional services for surgery, anesthesia and related pathology)	100% of allowed amount	100% of allowed amount	
Surgical Procedures	Surgical treatment for morbid obesity	100% of allowed amount (pre-authorization required) Covered at AAMC only	Covered at AAMC only
	Primary care office surgical procedures	100% of allowed amount	100% of allowed amount
	Specialist care office surgical procedures	100% of allowed amount	80% of allowed amount
	Outpatient surgery (including freestanding surgical centers) (facility fees)	100% of allowed amount	80% of allowed amount
	Outpatient surgery (including freestanding surgical centers) (professional fees)	\$15 co-pay, then 100% of allowed amount	\$15 co-pay, then 80% of allowed amount
	Inpatient surgery (facility fees)	\$500 co-pay per admission, then 100% of allowed amount (pre-authorization required)	\$1000 co-pay per admission, then 80% of allowed amount (pre-authorization required)
	Inpatient surgery (professional fees)	100% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)

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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)
	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)
	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
	Pulmonary rehabilitation	100% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)
	Cardiac rehabilitation	100% of allowed amount (pre-authorization required)	80% of allowed amount (pre-authorization required)
	Vision therapy	Not Covered	Not Covered
Urgent Care Center	Physician visit	\$40 co-pay, then 100% of allowed amount	\$40 co-pay, then 80% of allowed amount
	Diagnostic services and treatment	100% of allowed amount	80% of allowed amount