

Medical Schedule of Benefits (Effective July 01, 2019 - June 30, 2020)
Broadway Services Inc. Employees and Eligible Dependents



		EHP Network Provider	Out of Network Provider
Plan Year Deductible	Individual	None	\$500
	Family	None	\$1000
Out-of-Pocket Maximum	Individual	None	\$2000
	Family	None	\$4000
Lifetime Maximum	Unlimited		

Services & Supplies (In Alphabetical Order)		EHP Network Provider	Out of Network Provider
Acupuncture	Medically necessary services for anesthesia, pain control, and therapeutic purposes	\$25 co-pay, then 100% of allowed amount (\$1000 annual maximum for all networks combined)	70% of R&C; deductible applies (\$1000 annual maximum for all networks combined)
Allergy Tests & Procedures	Allergy tests	100% of allowed amount	70% of R&C; deductible applies
	Desensitization materials and serum	100% of allowed amount	70% of R&C; deductible applies
Ambulance Transportation	Medically necessary transport	100% of allowed amount; limited to ground transport	100% of R&C; limited to ground transport
Biofeedback	Biofeedback	Not Covered	Not Covered
Chemo & Radiation Therapy	Physician visit	100% of allowed amount	70% of R&C; deductible applies
	Materials and treatment	100% of allowed amount	70% of R&C; deductible applies
Chiropractic Care	Chiropractor restricted to initial exam, x-rays, and spinal manipulations	\$25 co-pay, then 100% of allowed amount (\$1000 annual maximum for all networks combined)	70% of R&C; deductible applies (\$1000 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	100% of allowed amount (pre-authorization required)	70% of R&C; deductible applies (pre-authorization required)
Durable Medical Equipment	Breast pumps (standard) and related supplies	100% of allowed amount (pre-authorization required)	70% of R&C; deductible applies (pre-authorization required)
	Contraceptive devices	Not Covered	Not Covered
	Custom DME, including custom wheelchairs	100% of allowed amount (pre-authorization required)	70% of R&C; deductible applies (pre-authorization required)
	Custom-molded orthotics	100% of allowed amount (pre-authorization required)	70% of R&C; deductible applies (pre-authorization required)
	Insulin pumps, Continuous Glucose Monitor and related supplies	100% of allowed amount	70% of R&C; deductible applies
	Hearing aids	Not Covered	Not Covered
	Non-custom medical equipment and supplies	100% of allowed amount	70% of R&C; deductible applies
	Prosthetic devices	100% of allowed amount (pre-authorization required)	70% of R&C; deductible applies (pre-authorization required)
	Blood Pressure Cuff	100% of allowed amount	70% of R&C; deductible applies

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Emergency Services	Emergency care (facility fees)	\$135 co-pay, then 100% of allowed amount (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	\$135 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)	100% of allowed amount	100% of R&C; deductible waived
Home Health Services	Medically necessary services	100% of allowed amount (40 visits per year maximum for all networks combined; pre-authorization required)	70% of R&C; deductible applies (40 visits per year maximum for all networks combined; pre-authorization required)
	Home infusion therapy	100% of allowed amount (pre-authorization required)	70% of R&C; deductible applies (pre-authorization required)
Hospice Care	Inpatient and home hospice	100% of allowed amount (pre-authorization required)	70% of R&C; deductible applies (pre-authorization required)
Hospital Care	Inpatient care including newborn nursery care; NICU (facility fees)	100% of allowed amount (semi-private, unless private room is medically necessary; pre-authorization required)	\$100 co-pay per admission, then 70% of R&C; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
	Inpatient care (professional fees)	100% of allowed amount	70% of R&C; deductible applies
	Skilled nursing/rehabilitation facility	100% of allowed amount (120 days per year maximum for all networks combined; pre-authorization required)	70% of R&C; deductible applies (120 days per year maximum for all networks combined; pre-authorization required)
	Short-term acute rehabilitation	100% of allowed amount (120 days per year maximum for all networks combined; pre-authorization required)	70% of R&C; deductible applies (120 days per year maximum for all networks combined; pre-authorization required)
	Observation care (facility fees)	\$135 co-pay, then 100% of allowed amount (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	\$135 co-pay, then 100% of R&C; deductible waived (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage
	Observation care (professional fees)	100% of allowed amount	100% of R&C; deductible waived
	Outpatient surgery & ambulatory surgical center (facility fees)	100% of allowed amount (includes freestanding surgical centers)	70% of R&C; deductible applies (includes freestanding surgical centers)
	Outpatient surgery & ambulatory surgical center (professional fees)	100% of allowed amount	70% of R&C; deductible applies
Hyperbaric Oxygen Therapy	Medically necessary services	100% of allowed amount (pre-authorization required)	70% of R&C; deductible applies (pre-authorization required)
Immunizations	Preventive immunizations for communicable diseases	100% of allowed amount	70% of R&C; deductible applies
	Travel immunizations	100% of allowed amount	70% of R&C; deductible applies
Infusion Therapy	Home infusion therapy	100% of allowed amount (pre-authorization required)	70% of R&C; deductible applies (pre-authorization required)
	Outpatient infusion therapy	100% of allowed amount (pre-authorization required)	70% of R&C; deductible applies (pre-authorization required)

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Injections	Injections	100% of allowed amount	70% of R&C; deductible applies
	Materials and serum	100% of allowed amount	70% of R&C; deductible applies
Laboratory	Laboratory tests including pathology	100% of allowed amount	70% of R&C; deductible applies
Mental Health & Substance Abuse Services	Outpatient mental health care (facility fees)	100% of allowed amount	70% of R&C; deductible applies
	Outpatient mental health care (professional fees)	\$15 co-pay, then 100% of allowed amount	70% of R&C; deductible applies
	Inpatient mental health care (facility fees)	100% of allowed amount (semi-private, unless private room is medically necessary; pre-authorization required)	\$100 co-pay per admission, then 70% of R&C; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
	Inpatient mental health care (professional fees)	100% of allowed amount	70% of R&C; deductible applies
	Outpatient substance abuse care (facility fees)	100% of allowed amount	70% of R&C; deductible applies
	Outpatient substance abuse care (professional fees)	\$15 co-pay, then 100% of allowed amount	70% of R&C; deductible applies
	Inpatient substance abuse care (facility fees)	100% of allowed amount (semi-private, unless private room is medically necessary; pre-authorization required)	\$100 co-pay per admission, then 70% of R&C; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
	Inpatient substance abuse care (professional fees)	100% of allowed amount	70% of R&C; deductible applies
	Intensive outpatient program	\$15 co-pay, then 100% of allowed amount	70% of R&C; deductible applies
	Partial hospital facility services	\$15 co-pay, then 100% of allowed amount	70% of R&C; deductible applies
	Medication management	\$15 co-pay, then 100% of allowed amount	70% of R&C; deductible applies
	Mental health testing and procedures	\$15 co-pay, then 100% of allowed amount	70% of R&C; deductible applies
Methodone Treatment	Medically necessary outpatient care	\$15 co-pay, then 100% of allowed amount	70% of R&C; deductible applies
Nutritional Counseling	Medically necessary services	\$25 co-pay, then 100% of allowed amount (limited to one initial consultation and one follow-up visit for all networks combined; pre-authorization required)	70% of R&C; deductible applies (limited to one initial consultation and one follow-up visit for all networks combined; pre-authorization required)

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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	70% of R&C; deductible applies
	Primary care office visit (Pediatric: age 19 and under)	\$15 co-pay, then 100% of allowed amount	70% of R&C; deductible applies
	Primary care office visit only (GYN)	\$15 co-pay, then 100% of allowed amount	70% of R&C; deductible applies
	Specialty care office visit only (Adult & Pediatric)	\$25 co-pay, then 100% of allowed amount	70% of R&C; deductible applies
	Treatment and diagnostic services in the office	100% of allowed amount	70% of R&C; deductible applies
Preventive Services	Preventive exam (PCP, GYN and Well Child care)	\$15 co-pay, then 100% of allowed amount	70% of R&C; deductible applies
	Diagnostic services for preventive exam	100% of allowed amount	70% of R&C; deductible applies
	Routine preventive screenings: mammogram, colonoscopy, PAP test, etc.	100% of allowed amount	70% of R&C; deductible applies
	Routine hearing exams	100% of allowed amount	70% of R&C; deductible applies
Private Duty Nursing	Private Duty Nursing	Not Covered	Not Covered
Radiology Procedures	Advance imaging including MRI, CT and PET scans	100% of allowed amount	70% of R&C; deductible applies
	All other imaging studies; including X-Ray and Ultrasound	100% of allowed amount	70% of R&C; deductible applies

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Reproductive Health	Physician office visits (prenatal care only)	100% of allowed amount	70% of R&C; deductible applies
	Infertility treatment	Not Covered	Not Covered
	Birthing centers (facility fees)	100% of allowed amount	70% of R&C; deductible applies
	Birthing centers (professional fees)	100% of allowed amount	70% of R&C; deductible applies
	Inpatient maternity care and delivery; newborn nursery care; NICU (facility fees)	100% of allowed amount (semi-private, unless private room is medically necessary; pre-authorization required)	\$100 co-pay per admission, then 70% of R&C; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
	Inpatient maternity care and delivery; newborn nursery care; NICU (professional fees)	100% of allowed amount	70% of R&C; deductible applies
	Interruption of pregnancy	100% of allowed amount (pre-authorization required; life of mother, rape, or incest only)	70% of R&C; deductible applies (pre-authorization required; life of mother, rape, or incest only)
	Female sterilization (professional services for surgery, anesthesia and related pathology)	100% of allowed amount	70% of R&C; deductible applies
Surgical Procedures	Male sterilization (professional services for surgery, anesthesia and related pathology)	100% of allowed amount	70% of R&C; deductible applies
	Surgical treatment for morbid obesity	Not Covered	Not Covered
	Primary care office surgical procedures	100% of allowed amount	70% of R&C; deductible applies
	Specialist care office surgical procedures	100% of allowed amount	70% of R&C; deductible applies
	Outpatient surgery (including freestanding surgical centers) (facility fees)	100% of allowed amount	70% of R&C; deductible applies
	Outpatient surgery (including freestanding surgical centers) (professional fees)	100% of allowed amount	70% of R&C; deductible applies
	Inpatient surgery (facility fees)	100% of allowed amount (semi-private, unless private room is medically necessary; pre-authorization required)	\$100 co-pay per admission, then 70% of R&C; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
Inpatient surgery (professional fees)	100% of allowed amount	70% of R&C; deductible applies	

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Therapy	Habilitative services for children under the age of 19	Not Covered	Not Covered
	Physical therapy/occupational therapy medically necessary services	100% of allowed amount (60 visits per year maximum for all networks combined)	70% of R&C; deductible applies (60 visits per year maximum for all networks combined)
	Speech therapy (non-developmental medically necessary services)	100% of allowed amount (30 visits per year maximum for all networks combined; pre-authorization required)	70% of R&C, deductible applies (30 visits per year maximum for all networks combined; pre-authorization required)
	Pulmonary rehabilitation	100% of allowed amount	70% of R&C; deductible applies
	Cardiac rehabilitation	100% of allowed amount	70% of R&C; deductible applies
	Vision therapy	Not Covered	Not Covered
Urgent Care Center	Physician visit	\$15 co-pay, then 100% of allowed amount	70% of R&C; deductible applies
	Diagnostic services and treatment	100% of allowed amount	70% of R&C; deductible applies