



# COST SHARE SCHEDULE



**OGB MEDICAL HOME HMO PLAN  
EFFECTIVE JANUARY 1, 2020**

## MEDICAL MEMBER COST SHARE

<b>In-Network Medical Deductible</b>	<b>\$400 Individual</b> <b>\$800 Individual + 1 family member</b> <b>\$1,200 Family (Individual + 2 or more family members)</b>  <i>Retirees prior to 3/1/2015 (with or without Medicare):</i> <b>\$0 Individual</b> <b>\$0 Individual + 1 family member</b> <b>\$0 Family (Individual + 2 or more family members)</b>
<b>Out-of-Network Medical Deductible</b>	<b>\$2,000 Individual</b> <b>\$4,000 Individual + 1 family member</b> <b>\$6,000 Family (Individual + 2 or more family members)</b>
<b>Cost Share after Applicable Medical Deductible</b>	<b>In-Network Benefits: See Below</b> <b>Out-of-Network Benefits: 50% Co-insurance based on the Vantage Allowable, may be balance-billed</b>
<b>In-Network Medical Out-of-Pocket Maximum</b> <i>(includes In-Network Medical Deductible)</i>	<b>\$3,500 Individual</b> <b>\$6,000 Individual + 1 family member</b> <b>\$8,500 Family (Individual + 2 or more family members)</b>  <i>Retirees prior to 3/1/2015 (with or without Medicare):</i> <b>\$2,000 Individual</b> <b>\$3,000 Individual + 1 family member</b> <b>\$4,000 Family (Individual + 2 or more family members)</b>
<b>Out-of-Network Out-of-Pocket Maximum</b>	<b>Not applicable.</b>

## AFFINITY HEALTH NETWORK (AHN)

This Plan includes a preferred provider network, Affinity Health Network (AHN), which has lower copayments for certain Covered Services as indicated by "AHN" below.

## IN-NETWORK PROVIDERS

### **Physician Office Services**

Medical Home Primary Care Provider (AHN MH-PCP)	<b>\$10</b> AHN MH-PCP office visit Co-payment
Medical Home Primary Care Provider (MH-PCP)	<b>\$25</b> MH-PCP office visit Co-payment
Chiropractor	<b>\$25</b> Chiropractor office visit Co-payment
Specialty Care (AHN)	<b>\$35</b> AHN Specialty Care office visit Co-payment
Specialty Care	<b>\$50</b> Specialty Care office visit Co-payment
Office Diagnostic Services <i>(excludes Major Diagnostic testing and ultrasounds)</i>	100% coverage
Lab Services	100% coverage
Major Diagnostic Testing and Ultrasounds (AHN)	<b>\$25</b> AHN Co-payment per test
Major Diagnostic Testing and Ultrasounds	<b>\$50</b> Co-payment per test

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In-Network Covered Services:	In-Network Benefit:
<b>Maternity-Related Services</b>	
Office Visit	<b>\$10</b> AHN or <b>\$25</b> office visit Co-payment (initial visit only)
Office Diagnostic Services <i>(excludes Major Diagnostic testing and ultrasounds)</i>	100% coverage
Lab Services	100% coverage
Initial Ultrasounds	100% coverage for initial 2 ultrasounds
Major Diagnostic Testing/Additional Ultrasounds (AHN)	<b>\$25</b> AHN Co-payment per test
Major Diagnostic Testing/Additional Ultrasounds	<b>\$50</b> Co-payment per test
<b>Wellness &amp; Preventive Care</b>	
Annual Examination	100% coverage
Immunizations & Vaccines	100% coverage
Men's, Women's and Children's Health	100% coverage
<b>Inpatient Hospital Services</b>	
Inpatient Semi-Private Room (AHN)	<b>\$50</b> AHN Co-payment per day for days 1-3, <b>\$150</b> max per stay
Inpatient Semi-Private Room	<b>\$100</b> Co-payment per day for days 1-3, <b>\$300</b> max per stay
Physician Services	100% coverage*
<b>Outpatient Hospital Services</b>	
Observation Stay (AHN)	<b>\$50</b> AHN Co-payment per day for days 1-3, <b>\$150</b> max per stay
Observation Stay	<b>\$100</b> Co-payment per day for days 1-3, <b>\$300</b> max per stay
Physician Services	100% coverage*
Ambulatory Surgery (ASU)/Outpatient Surgery (AHN)	<b>\$50</b> AHN Co-payment
Ambulatory Surgery (ASU)/Outpatient Surgery	<b>\$100</b> Co-payment
Major Diagnostic Testing and Ultrasounds (AHN)	<b>\$25</b> AHN Co-payment per test
Major Diagnostic Testing and Ultrasounds	<b>\$50</b> Co-payment per test
Lab Services	100% coverage
Other Hospital Outpatient Services	100% coverage*
<b>Emergency Medical Services</b>	
Emergency Room	<b>\$200</b> Co-payment per visit (waived if admitted)
Physician Services	100% coverage*
Ambulance	<b>\$50</b> Co-payment for ground ambulance per trip; <b>\$250</b> Co-payment for air ambulance per trip
<b>Durable Medical Equipment and Supplies</b>	<b>20%</b> Co-insurance* up to \$5,000 of the Vantage Allowable; 100% covered* after first \$5,000 of the Vantage Allowable
<b>After-Hours/Walk-In Clinics (AHN)</b>	<b>\$10</b> AHN MH-PCP office visit Co-payment
<b>After-Hours/Walk-In Clinics</b> <i>(Diagnostic services may be subject to Deductible.)</i>	<b>\$25</b> MH-PCP office visit Co-payment
<b>Urgent Care Services</b>	<b>\$50</b> Co-payment per visit
<b>Extended Care Facilities</b>	<b>\$100</b> Co-payment per day for days 1-3, <b>\$300</b> max per stay
Long-Term Acute Care Facility	
Rehabilitation Facility	
Skilled Nursing Facility	
Extended Care Facilities Physician Services	100% coverage*

\*Covered services that are subject to the In-Network Medical Deductible.

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In-Network Covered Services:	In-Network Benefit:
<b>Other Covered Services</b>	
Allergenic Testing	20% Co-insurance*
Autism Spectrum Disorders	\$10 AHN or \$25 office visit Co-payment
Cardiac Rehabilitation (AHN)	\$35 AHN Co-payment
Cardiac Rehabilitation	\$50 Co-payment
Chemotherapy/Radiation Therapy (Office)	\$25 Co-payment
Chemotherapy/Radiation Therapy (Outpatient)	100% coverage*
Diabetes Management	\$10 AHN or \$25 office visit Co-payment
Dialysis	100% coverage*
Home Health Care	100% coverage*
Hospice	100% coverage*
Nutritional Counseling	\$10 AHN or \$25 office visit Co-payment
Occupational and Speech Therapy	\$10 AHN or \$25 office visit Co-payment
Physical Therapy	\$10 AHN or \$25 office visit Co-payment
<b>Mental Health and Alcohol &amp; Chemical Dependency Services</b>	
Outpatient Mental Health Services	\$10 AHN or \$25 MH-PCP office visit Co-payment
Inpatient Mental Health Services	\$100 Co-payment per day for days 1-3, \$300 max per stay
Outpatient Alcohol & Chemical Dependency	\$25 MH-PCP office visit Co-payment
Inpatient Alcohol & Chemical Dependency	\$100 Co-payment per day for days 1-3, \$300 max per stay
Inpatient Physician Services	100% coverage*
<b>Vision Services</b>	
Routine Vision Exam for Children	\$35 AHN or \$50 Specialty Care office visit Co-payment
Routine Vision Exam for Adults	\$35 AHN or \$50 Specialty Care office visit Co-payment
Glasses and Contacts	50% Co-insurance; \$100 max benefit (all members)
<b>Dental Services</b>	
Preventive Dental Exam and Cleaning	100% coverage of the Vantage Allowable
Additional Dental Services	50% Co-insurance; \$500 maximum benefit (all members)
<b>Approved Transplant Services</b>	Applicable Inpatient or ASU/Outpatient Surgery
<b>Approved Transplant Physician Services</b>	Co-payment 100% coverage*

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### PRESCRIPTION DRUG MEMBER COST SHARE

#### Prescription Drug Deductible

#### No Prescription Drug Deductible.

#### In-Network Retail Prescription Drugs (30-day supply)

##### Tier I Prescription Drugs:

- Affinity Health Network Pharmacies
- All other Pharmacies

**100%** coverage

##### Tier II Prescription Drugs:

**\$10** Co-payment per prescription up to 30-day supply

##### Tier III Prescription Drugs

**\$30** Co-payment per prescription up to 30-day supply

##### Tier IV Prescription Drugs:

**\$55** Co-payment per prescription up to 30-day supply

##### Tier V Prescription Drugs:

**\$80** Co-payment per prescription up to 30-day supply

##### Tier VI Preventive Prescription Drugs:

**100%** coverage

#### Mail Order Prescription Drugs:

##### Tier I Prescription Drugs:

- Affinity Health Network – Saint John Pharmacy
- Other Pharmacies

90-day supply for **\$0** AHN Co-payment

Prescription Drug Co-payments apply.  
30-day supply for 1 Co-payment  
60-day supply for 2 Co-payments  
90-day supply for 3 Co-payments

##### Tiers II, III and IV: *All Pharmacies*

30-day supply for 1 Co-payment  
60-day supply for 2 Co-payments  
90-day supply for 3 Co-payments

##### Tier V:

30-day supply for 1 Co-payment  
60-day and 90-day supplies are not available.

##### Tier VI:

**100%** coverage

#### Diabetic Supplies and Meters:

- Affinity Health Network – Saint John Pharmacy
- All Other Pharmacies

**\$0** Co-payment

Prescription Drug Co-payments apply.

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