

	ESSENTIAL PLAN 1	ESSENTIAL PLAN 1 A/AN	ESSENTIAL PLAN 1 (DV)	ESSENTIAL PLAN 1 A/AN (DV)	ESSENTIAL PLAN 2	ESSENTIAL PLAN 2 A/AN	ESSENTIAL PLAN 2 (DV)	ESSENTIAL PLAN 2 A/AN (DV)	ESSENTIAL PLAN 3	ESSENTIAL PLAN 4
INPATIENT SERVICES and FACILITIES										
Inpatient Hospital for a Continuous Confinement (including an Inpatient Stay for Mastectomy Care, Cardiac and Pulmonary Rehabilitation, and End of Life Care) Preauthorization required. However, Preauthorization is not required for emergency admissions.	\$150	\$0	\$150	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Observation Stay Preauthorization Required. Copay waived if direct transfer from outpatient surgery setting to observation	\$75	\$0	\$75	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Skilled Nursing Facility (including Cardiac and Pulmonary Rehabilitation) 200 days per Plan Year Copay waived for each admission if directly transferred from hospital inpatient setting to skilled nursing facility Preauthorization required	\$150	\$0	\$150	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Habilitation Services (Physical, Speech and Occupational Therapy) 60 days per Plan Year combined therapies Preauthorization required	\$150	\$0	\$150	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Rehabilitation Services (Physical, Speech and Occupational Therapy) 60 days per Plan Year combined therapies Preauthorization required	\$150	\$0	\$150	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MENTAL HEALTH and SUBSTANCE USE DISORDER SERVICES										
Inpatient Mental Health Care (for a continuous confinement when in a Hospital) Preauthorization required. However, Preauthorization is not required for emergency admissions.	\$150	\$0	\$150	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Mental Health Care (including Partial Hospitalization and Intensive Outpatient Program Services) Preauthorization required	\$15	\$0	\$15	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Substance Use Services (for a continuous confinement when in a Hospital) Preauthorization required. However, Preauthorization is not required for emergency admissions or for Participating OASAS-certified Facilities.	\$150	\$0	\$150	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Substance Use Services Up to 20 visits per Plan Year may be used for family counseling	\$15	\$0	\$15	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PRESCRIPTION DRUGS										
*Certain Prescription Drugs are not subject to Cost-Sharing when provided in accordance with the comprehensive guidelines supported by HRSA or if the item or service has an "A" or "B" rating from the USPSTF [and obtained at a participating pharmacy].										
Retail Pharmacy										
30-day supply										
Tier 1	\$6	\$0	\$6	\$0	\$1	\$0	\$1	\$0	\$1	\$0
Tier 2	\$15	\$0	\$15	\$0	\$3	\$0	\$3	\$0	\$3	\$0
Tier 3	\$30	\$0	\$30	\$0	\$3	\$0	\$3	\$0	\$3	\$0
Mail Order Pharmacy										
Up to a 90-day supply for Maintenance Drugs (2.5x copay)										
Tier 1	\$15	\$0	\$15	\$0	\$2.50	\$0	\$2.50	\$0	\$2.50	\$0
Tier 2	\$37.50	\$0	\$37.50	\$0	\$7.50	\$0	\$7.50	\$0	\$7.50	\$0
Tier 3	\$75	\$0	\$75	\$0	\$7.50	\$0	\$7.50	\$0	\$7.50	\$0
NON-PRESCRIPTION DRUGS										
(only include for Essential Plans 3 & 4)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.50	\$0

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WELLNESS BENEFITS										
Gym Reimbursement	Up to \$200 per six (6)-month period	Up to \$200 per six (6)-month period	Up to \$200 per six (6)-month period	Up to \$200 per six (6)-month period	Up to \$200 per six (6)-month period	Up to \$200 per six (6)-month period	Up to \$200 per six (6)-month period	Up to \$200 per six (6)-month period	Up to \$200 per six (6)-month period	Up to \$200 per six (6)-month period
Breast cancer screening (Women ages 50 and up)	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card
Diabetes - eye exam	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card
Flu Vaccinations	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card
Complete annual visit with PCP	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card
Colorectal Screening (Men ages 50 and up)	\$10, or \$15, or \$25 Gift Card	\$10, or \$15, or \$25 Gift Card	\$10, or \$15, or \$25 Gift Card	\$10, or \$15, or \$25 Gift Card	\$10, or \$15, or \$25 Gift Card	\$10, or \$15, or \$25 Gift Card	\$10, or \$15, or \$25 Gift Card	\$10, or \$15, or \$25 Gift Card	\$10, or \$15, or \$25 Gift Card	\$10, or \$15, or \$25 Gift Card
Complete health risk assessment	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card	\$25 Gift Card
Sign-up for Affinity newsletter	\$10 Gift Card	\$10 Gift Card	\$10 Gift Card	\$10 Gift Card	\$10 Gift Card	\$10 Gift Card	\$10 Gift Card	\$10 Gift Card	\$10 Gift Card	\$10 Gift Card
Asthma medicine maintenance	\$25 Gift Card at 6 months and 12 months	\$25 Gift Card at 6 months and 12 months	\$25 Gift Card at 6 months and 12 months	\$25 Gift Card at 6 months and 12 months	\$25 Gift Card at 6 months and 12 months	\$25 Gift Card at 6 months and 12 months	\$25 Gift Card at 6 months and 12 months	\$25 Gift Card at 6 months and 12 months	\$25 Gift Card at 6 months and 12 months	\$25 Gift Card at 6 months and 12 months
DENTAL and VISION CARE										
Dental Care										
• Preventive Dental Care	N/A	N/A	\$15	\$0	N/A	N/A	\$0	\$0	\$0	\$0
• Routine Dental Care	N/A	N/A	\$15	\$0	N/A	N/A	\$0	\$0	\$0	\$0
• Major Dental (Endodontics, Periodontics and Prosthodontics)	N/A	N/A	\$15	\$0	N/A	N/A	\$0	\$0	\$0	\$0
One (1) dental exam and cleaning per six (6)-month period. Full mouth x-rays or panoramic x-rays at 36-month intervals and bitewing x-rays at six (6) to 12-month intervals										
Orthodontics and major dental require Preauthorization										
Vision Care										
• Exams	N/A	N/A	\$15	\$0	N/A	N/A	\$0	\$0	\$0	\$0
• Lenses and Frames	N/A	N/A	10% Coinsurance	\$0	N/A	N/A	\$0	\$0	\$0	\$0
• Contact Lenses	N/A	N/A	10% Coinsurance	\$0	N/A	N/A	\$0	\$0	\$0	\$0
One (1) exam per 12-month period; Plan Year One (1) prescribed lenses and frames per Plan Year										
Contact lenses require Preauthorization										