



2022 Summary of Health Benefits

\$3,400 Deductible HSA EPO Plan – Grandfathered

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

To locate a Signature Care Provider: 1-800-666-4449 or www.parkview.com/signaturecaredirectory

Pre Certification: Managed Care Concepts 1-866-750-2723

Benefits Effective: January 1, 2022

Benefits	EPO Hospital, PPO Providers, No EPO Hospital or PPO Provider Available	PPO Hospital	NON-PPO Providers
Calendar Year Deductible (Embedded)	\$3,400 Individual / \$6,800 Family	\$4,400 Individual / \$8,800 Family	\$7,000 Individual/\$14,000 Family
Co-Insurance Benefit	100%	90%	50%
Out of pocket maximum *	\$0 Individual / \$0 Family	\$3,000 Individual / \$6,000 Family	\$14,000 Individual/ \$28,000 Family
Lifetime Maximum	Unlimited lifetime maximum Unlimited Plan year maximum		
Preventive Care Physical exam, well-baby, Immunizations, PSA's, etc.	100% benefit up to \$1,000 benefit, then deductible, then 0%	N/A	Deductible, then 50%
Physician Office Visit	Deductible, then 0%	N/A	Deductible, then 50%
Hospital Services	Deductible, then 0%	Deductible, then 10%	Deductible, then 50%
Maternity Services	Deductible, then 0%	Deductible, then 10%	Deductible, then 50%
Urgent Care Visit	Deductible, then 0%	N/A	Deductible, then 50%
Emergency Room	\$150 Copay, Deductible, then 0%	\$150 Copay, Deductible, then 10%	\$150 Copay, Deductible, then 50%
Ambulance Services	Deductible, then 0%	N/A	Deductible, then 0%
Chiropractic Services – Spinal Limited to 25 visits per calendar year	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
Physical, Occupational & Speech Therapy	Deductible, then 0%	Deductible, then 10%	Deductible, then 50%
Mental Health, Alcohol & Substance Abuse	Deductible, then 0%	Deductible, then 10%	Deductible, then 50%
Laboratory Services LabCorp: DISCOUNT AVAILABLE	Deductible, then 0%	Deductible, then 10%	Deductible, then 50%
Retail and Mail Order Prescription Drugs			
Prescription Drugs** Retail 34 Day Supply	Generic - \$0 Copay Formulary Brand no generic available- \$40 Copay Non-Formulary Brand no generic available- \$60 Copay Brand generic is available - \$15 plus difference	N/A	Not Covered
Prescription Drugs Mail Order 90 Day Supply	Generic - \$0 Copay Formulary Brand- \$80 Copay Non-Formulary Brand- \$120 Copay	N/A	Not Covered
<ul style="list-style-type: none"> * The out-of-pocket limit does NOT include premiums, deductibles, copays, balance-billed charges, pre-cert penalties and excluded charges. ** Benefits apply to network retail pharmacies, no coverage at Walgreens Balance billing protection when you use an in-network provider In-Patient hospital admission and many out-patient procedures require mandatory notification to Managed Care Concepts: 1-866-750-2723 <p><i>This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description</i></p>			

Third Party Administrator: Automated Group Administration ♦ 7605 Westfield Drive ♦ Fort Wayne, IN 46825 ♦ (260)489-6447 (800)888-6472 ♦ (260) 489-0365 Fax

www.cityoffortwayne.org/citybenefits

