



## 2022 Summary of Health Benefits

### \$1,200 Deductible Traditional 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](http://www.parkview.com/signaturecaredirectory)

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

#### Benefits Effective: January 1, 2022

Benefits	EPO Hospital & PPO Providers	PPO Hospital & No EPO Hospital or PPO Provider Available	NON-PPO Providers
<b>Calendar Year Deductible (Embedded)</b>	\$1,200 Individual / \$3,600 Family	PPO Hospital - \$2,200 Individual / \$6,600 Family No EPO Hospital or PPO Available - \$1,200 Individual/ \$3,600 Family	\$4,200 Individual / \$12,600 Family
<b>Co-Insurance Benefit</b>	80%	70%	50%
<b>Out of pocket maximum *</b>	\$2,500 Individual / \$5,000 Family	PPO Hospital - \$5,500 Individual / \$11,000 Family No EPO Hospital or PPO Available - \$2,500 Individual/\$5,000 Family	\$14,000 Individual / \$28,000 Family
<b>Lifetime Maximum</b>		Unlimited lifetime maximum Unlimited Plan year maximum	
<b>Preventive Care</b> Physical exam, well-baby, Immunizations, PSA's, etc.	\$30 Copay up to \$1,000 benefit, then deductible, then 20%	\$30 Copay up to \$1,000 benefit, then deductible, then 30%	Deductible, then 50%
<b>Physician Office Visit (Visit only)</b> All other services subject to deductible and coinsurance	\$30 Copay	\$30 Copay	Deductible, then 50%
<b>Hospital Services</b>	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
<b>Maternity Services</b>	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
<b>Urgent Care Visit (Visit only)</b> All other services subject to deductible and coinsurance	\$35 Copay	\$35 Copay	\$35 Copay
<b>Emergency Room</b>	Deductible then 20%	Deductible, then 30%	Deductible, then 50%
<b>Ambulance Services</b>	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
<b>Chiropractic Services - Spinal</b> Limited to 25 visits per calendar year	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
<b>Physical, Occupational &amp; Speech Therapy</b>	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
<b>Mental Health, Alcohol &amp; Substance Abuse</b>	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
<b>Laboratory Services</b> If Lab Card used: 100%, not subject to deductible	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
<b>Retail and Mail Order Prescription Drugs</b>			
<b>Prescription Drugs Retail 34 Day Supply**</b>	Generic - \$15 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
<b>Prescription Drugs Mail Order 90 Day Supply</b>	Generic - \$30 Copay Formulary Brand- \$80 Copay Non-Formulary Brand- \$120 Copay	N/A	Not Covered
<ul style="list-style-type: none"> <li>* The out-of-pocket limit does NOT include premiums, deductibles, copays, balance-billed charges, pre-cert penalties and excluded charges.</li> <li>** Benefits apply to network retail pharmacies, no coverage at Walgreens</li> <li>Balance billing protection when you use an in-network provider</li> <li>In-Patient hospital admission and many out-patient procedures require mandatory notification to Managed Care Concepts: 1-866-750-2723</li> </ul> <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](http://www.cityoffortwayne.org/citybenefits)

