

# Innovation Health Basic PD

## Innovation Health Plan options in Virginia

### Catastrophic

Member benefits	In network	Out of network*
<b>Deductible individual/family</b> (applies toward out of pocket maximum, includes pharmacy)	\$6,350/\$12,700	\$12,700/\$25,400
<b>Member coinsurance</b>	0%	50%
<b>Out-of-pocket maximum individual/family</b> (maximum you will pay for all covered services)	\$6,350/\$12,700	\$15,000/\$30,000
<b>Primary care visit</b>	\$20 copay, deductible waived 1-3 visits, thereafter 0% after deductible	50% after deductible
<b>Specialist visit</b>	0% after deductible	50% after deductible
<b>Hospital stay</b>	0% after deductible	50% after deductible
<b>Outpatient surgery</b>	0% after deductible	50% after deductible
<b>Emergency room</b>	0% after deductible	50% after deductible
<b>Urgent care</b>	0% after deductible	50% after deductible
<b>Preventive care/screening/immunization</b>	\$0 copay, deductible waived	50% after deductible
<b>Annual routine gyn exam</b> (annual pap/mammogram)	\$0 copay, deductible waived	50% after deductible
<b>Diagnostic lab</b>	0% after deductible	50% after deductible
<b>Diagnostic X-ray</b>	0% after deductible	50% after deductible
<b>Imaging</b> (CT/PET scans, MRIs)	0% after deductible	50% after deductible
<b>Vision</b>		
<b>Adult and pediatric eye exam</b> (1 visit per year)*	0% after deductible	50% after deductible
<b>Pediatric glasses/contacts</b> (1 pair lenses and frames OR contacts per year)*	0% after deductible	50% after deductible
<b>Pediatric dental</b>		
<b>Dental checkup/preventive dental care</b> (2 visits per year)*	0% after deductible	30% after deductible
<b>Basic dental care</b>	0% after deductible	50% after deductible
<b>Major dental care</b>	0% after deductible	50% after deductible
<b>Orthodontia</b> (medically necessary only)	0% after deductible	50% after deductible

Pharmacy	In network	Out of network*
<b>Pharmacy deductible</b>	Integrated Deductible	
<b>Preferred generic drugs</b>	0% after deductible	50% after deductible
<b>Preferred brand drugs</b>	0% after deductible	50% after deductible
<b>Preferred specialty drugs</b>	0% after deductible	Not covered
<b>Nonpreferred drugs</b> (including nonpreferred specialty drugs)	0% after deductible	50% after deductible

\* Any applicable benefit maximums are combined in and out of network.

+For important information on your costs and how Innovation Health pays for out-of-network care, read "Costs for out-of-network doctors and hospitals."

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