Innovation Health Classic 5000 PD

Innovation Health Plan options in Virginia

Silver

Member benefits	In network	Out of network+
Deductible individual/ family (applies toward out of pocket maximum)	$5,000/$10,000	$10,000/$20,000
Member coinsurance	30%	50%
Out-of-pocket maximum individual/family (maximum you will pay for all covered services)	$6,350/$12,700	$12,700/$25,400
Primary care visit	$25 copay, deductible waived	50% after deductible
Specialist visit	$50 copay, deductible waived	50% after deductible
Hospital stay	30% after deductible	50% after deductible
Outpatient surgery	30% after deductible	50% after deductible
Emergency room (copay waived if admitted)	$500 copay, deductible waived	
Urgent care	$45 copay, deductible waived	50% after deductible
Preventive care/ screening/immunization	$0 copay, deductible waived	50% after deductible
Annual routine gyn exam (annual pap/mammogram)	$0 copay, deductible waived	50% after deductible
Diagnostic lab	30% after deductible	50% after deductible
Diagnostic X-ray	30% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	30% after deductible	50% after deductible
Vision		
Adult and pediatric eye exam (1 visit per year)*	$0 copay, deductible waived	50% after deductible
Pediatric glasses/ contacts (1 pair lenses and frames OR contacts per year)*	Preferred glasses/ contacts - $0 copay, deductible waived; nonpreferred glasses/contacts - 50% after deductible	50% after deductible
Pediatric dental		
Dental checkup/ preventive dental care (2 visits per year)*	$0 copay, deductible waived	30%, deductible waived
Basic dental care	30% after deductible	50% after deductible
Major dental care	50% after deductible	50% after deductible
Orthodontia (medically necessary only)	50% after deductible	50% after deductible

Pharmacy	In network	Out of network+
Pharmacy deductible individual/family (Combined In and out-of-network)	$500 /$1,000	
Preferred generic drugs	$8 copay, deductible waived	50% after $8 copay, deductible waived
Preferred brand drugs	$60 copay after deductible	50% after $60 copay after deductible
Preferred specialty drugs	50% after deductible, not to exceed a $500 copay per prescription	Not covered
Nonpreferred drugs (including nonpreferred specialty drugs)	50% 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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71.06.300.1 (1/14)

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