

# SOLAURA® BENEFIT GRID

## HSA-Compatible Plan G Rx 1

	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible:</b> Shared In- and Out-of-Network providers; Applies to Medical & Rx		
Single Party	\$2,500	\$2,500
Family	\$5,000	\$5,000
<b>Out-of-Pocket Maximums:</b> Includes- Deductible and Pharmacy Copayments		
Single Party	\$3,500	\$5,000
Family	\$7,000	\$10,000
<b>Coinsurance</b>		
First level payment when Deductible has been met-Medical	100%	70%
<b>Health Program Credits:</b> Amounts shown will be added to account upon program completion; Used to pay for deductible and coinsurance		
Complete Health Assessment <sup>1</sup>	Available but without credit	Available but without credit
Enroll in a Health Care Management Program Includes Condition Management Programs for asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease, heart failure; Health Coaching for low back pain, musculoskeletal, hypertension, hyperlipidemia and oncology. <sup>2</sup>	Available but without credit	Available but without credit
Graduate from Health Care Management Program <sup>2</sup>	Available but without credit	Available but without credit
Smoking Cessation Lifestyle Management Program <sup>3</sup>	Available but without credit	Available but without credit
Weight Management Lifestyle Management Program <sup>3</sup>	Available but without credit	Available but without credit
<b>Preventive Care:</b> For Children through age 18		
Routine physical exam, X-rays, lab work, immunizations	100%, ded. waived	70%
<b>Preventive Care:</b> For Adults		
Routine physical exam, X-rays, lab work	100%, ded. waived	70%
Immunizations such as tetanus diphtheria (Td), varicella (chicken pox), influenza (flu shot), human papilloma virus (HPV), pneumococcal conjugate (pneumonia), herpes zoster (shingles)	100%, ded. waived	70%
FDA-approved cancer screenings (includes Pap tests, screening tests for breast cancer, ovarian cancer, colorectal cancer, and prostate cancer)	100%, ded. waived	70%
<b>Pharmacy:</b> <sup>4</sup> Included in plan deductible: Once annual deductible is met, pharmacy copays apply until out-of-pocket maximum is met. Then UniCare pays 100%.		
Retail Pharmacy Generic Drugs Brand-name Formulary Drugs Brand-name Nonformulary Drugs	Insured Person pays a \$10 copay Insured Person pays a \$20 copay Insured Person pays a \$30 copay	Insured Person pays 30% Insured Person pays 30% Insured Person pays 30%
Mail Service Pharmacy Generic Drugs Brand-name Formulary Drugs Brand-name Nonformulary Drugs	Insured Person pays a \$20 copay Insured Person pays a \$40 copay Insured Person pays a \$60 copay	N/A N/A N/A
Supply Limit	30 days/retail; 90 days/mail	30 days/retail; 90 days/mail
<b>UniCare Full Circle Health®:</b> Includes tools such as Healthy Living, MyHealth Record, MedCall®, HealthyExtensions discounts, surgical procedure guides, personal health statement, Health Coaching.		

**Contract Codes:**

**2-50** | MI: 00L8 | IL: 00LN, 00LP (w/MHR) | TX: 00M4, 00M5 (w/IVR)

**51+** | MI: 00L4 | IL: 00LE, 00LF (w/MHR) | TX: 00LW, 00LX (w/IVR)

(1) Only ONE Sub/spouse/adult dependent may earn credit once per calendar year. (2) Any qualifying family member may earn credit once per calendar year. (3) Subscriber/spouse/adult dependent may each earn a credit once per lifetime. (4) Open Formulary, and Prior Authorization of Benefits (reduced to Specialty Rx only); State mandates apply where applicable.

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	IN-NETWORK	OUT-OF-NETWORK
<b>Additional Health Coverage</b>		
Office Visits and Professional Services For surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic radiology and lab work	100%	70%
Outpatient Hospital or Ambulatory Surgical Center Includes outpatient emergency room services, and diagnostic and radiological procedures	100%	70%
Inpatient Hospital Services Includes Surgery, Organ/Tissue Transplants	100%	70%
Inpatient Medical Emergency	100%	100% until transferable to a par hospital; thereafter 70%
Ambulance	100%	70%
Infusion Therapy	100%	70%
Durable Medical Equipment	100%	70%
Hospice	100%	70%
Maternity	100%	70%
Smoking Cessation	Excluded medical benefit, but Tobacco Treatment Program is available.	Excluded medical benefit, but Tobacco Treatment Program is available.
Nutritional Counseling	Excluded except for formulas necessary for the treatment of phenylketonuria; also Weight Mgmt Program is available.	Excluded except for formulas necessary for the treatment of phenylketonuria; also Weight Mgmt Program is available.
Bariatric Surgery	Exclusion	Exclusion
Hospice	100%	70%
Ground and Air Ambulance	100%	70%
<b>Limited Benefits and Maximums</b>		
Lifetime Maximum	\$5,000,000 per member	\$5,000,000 per member
Physical/Occupational Therapy and Acupuncture/Acupressure	\$30 per visit up to 20 visits/year	\$30 per visit up to 20 visits/year
Mental, Emotional or Functional Nervous Disorders Inpatient Hospital Services	\$100/day up to \$3,000/year	\$100/day up to \$3,000/year
In- or Out-Patient Professional Services	\$30/visit up to 12 visits/year	\$30/visit up to 12 visits/year
Home Health Care: 100 visits per year	100%	70%
Skilled Nursing Facilities: Maximum 100 days/year	100% with max covered expense of \$400/day	70% with max covered expense of \$400/day