

Loma Linda University Health Employee Health Plans

1/1/2023

Covering LLU, LLUMC, LLUCH, LLUBMC, LLUMC-M, LLUHEC, LLUSS, LLUHC, LLUFMG and LLUH employees

Schedule of Plan Benefits

LLUH Wholeness Plan - 2023

LLUH Base Plan - 2023

	Coverage for LLUH Hospital Services	Coverage at Non- preferred providers	Coverage for LLUH Hospital Services	Coverage at Non- preferred providers
Out-of-pocket Maximum - Medical Co-payments Co-payments or co-insurance for out-of-network services, prescription drugs, glasses, contacts, chiropractic care, orthotics/prosthetics, bariatric surgery, infertility treatment, wheelchairs, hearing aids and dental services are not included in the medical out-of-pocket maximum.	In Network \$3,500 per person & \$7,000 family	Out of Network No Limit	In Network \$3,500 per person & \$7,000 family	Out of Network No Limit
Out-of-pocket Maximum - Prescription Drug Co-payments	\$3,500 per person & \$7,000 family	No Coverage	\$3,500 per person & \$7,000 family	No Coverage
Outpatient Services				
Preventive Care	100% - No co-pay*	25%	100% - No co-pay*	25%
Office Visit Co-payment (in person or video visit)	\$20 co-payment	25%	\$40 co-payment	25%
"E-visit " (a physician consultation via My Chart)	\$10 co-payment	N/A	\$20 co-payment	N/A
CVS Minute Clinic Visit	\$10 co-payment	N/A	\$20 co-payment	N/A
Lab Services, X-ray & Diagnostic Testing	100%	25%	100%	25%
Maternity Care - Outpatient Visits	\$200 co-payment	25%	\$400 co-payment	25%
**Infertility treatment - In Vitro Fertilization	\$2,500 co-payment	No Coverage	No Coverage	No Coverage
Outpatient ER Visit - emergency treatment only	\$200 co-payment	\$200 co-payment	\$250 co-payment	\$250 co-payment
Ambulance - emergency transport only	N/A	\$200 co-payment	N/A	\$250 co-payment
Urgent Care Visit (in person or video visit)	\$20 co-payment	25%	\$40 co-payment	25%
***Home Care Services - 60 visit limit	100%	25%	100%	25%
***Hospice Services	100%	25%	100%	25%
Professional Counseling (in person or video visit)	\$20 co-payment	25%	\$40 co-payment	25%
***Physical/Occupational/Speech Therapy	\$20 co-payment	25%	\$40 co-payment	25%
Acupuncture - \$500 limit	N/A	\$20 co-payment	N/A	\$40 co-payment
***Orthotics/Prosthetics - \$10,000 limit	80%	25%	80%	25%
***Rental or Purchase of Medical Equipment & Supplies	80%	25%	80%	25%
Breast Pumps - \$500 limit	N/A	100%	N/A	100%
Hearing Aids - \$3,000 limit, every three years	N/A	80%	N/A	80%
Chiropractic Services - \$500 limit	N/A	50%	N/A	50%
Glasses and Contact lenses - \$200 benefit	80%	80%	80%	80%
*** Inpatient Services/Surgery				
Hospital Services	100%	25%	100%	25%
Outpatient Surgery Facility Charges	100%	25%	100%	25%
Maternity Care - Inpatient Services	100%	25%	100%	25%
Professional Fees - Inpatient and OP Surgery	100%	25%	100%	25%
***Skilled Nursing Facility - 60 day limit	100%	100%	100%	100%
** Bariatric Surgery - Facility and Professional Fees	\$1,500 co-pay	No Coverage	No Coverage	No Coverage
Prescription Drug - Employee Co-payments	LLUH Pharmacies	Other Retail Pharmacies	LLUH Pharmacies	Other Retail Pharmacies
Retail (30-day supply)				
30-day supply, Generic/Brand	\$5/\$30	\$15/\$40	\$10/\$60	\$30/\$80
90-day supply, Generic/Brand	\$15/\$90	\$45/\$120	\$30/\$180	\$90/\$240
CVS/Caremark Mail Order Service	N/A	N/A	N/A	N/A
30 or 90-day supply, Generic / Brand - \$0 co-pay				
Weight mgmt,, infertility and erectile disfunction medications	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Dental Services	Preferred Dental Provider		Non Contracted Dental Provider	
Annual Dental Benefit - \$2,000	Preventive Care	100%	Preventive Care	90%
- Basic & Major Services are subject to a	Basic Services	90%	Basic Services	80%
\$50/individual, \$150 family deductible (waived at LLU SOD)	Major Services	60%	Major Services	50%
Orthodontia - \$2,000 lifetime benefit		50%		50%

*Limited to specific preventive services

**Subject to coverage criteria, authorization and a one-year waiting period

***Prior Authorization Required