

Loma Linda University Health Employee Health Plans
Covering LLU, LLUMC, LLUCH, LLUMC-M, LLUHEC, LLUSS, LLUHC, LLUFMG and LLUH employees

1/1/2024

Schedule of Plan Benefits

LLUH Wholeness Plan - 2024

LLUH Base Plan - 2024

Covered Medical Services	Coverage for Preferred Provider Services	Services Authorized to be Provided Out of Network	Coverage at Non-Preferred Providers	Coverage for Preferred Provider Services	Services Authorized to be Provided Out of Network	Coverage at Non-Preferred Providers
	In Network		Out of Network	In Network		Out of Network
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.	\$6,000/person \$12,000/family	\$6,000/person \$12,000/family	No Limit	\$6,000/person \$12,000/family	\$6,000/person \$12,000/family	No Limit
Outpatient Services						
Preventive Care	100% - No co-pay*		25%	100% - No co-pay*		25%
Office Visit (in person or video visit)	\$20 copayment	80%***	25%	\$40 copayment	80%***	25%
"E-visit " (a physician consultation via My Chart)	\$10 copayment		N/A	\$20 copayment		N/A
CVS Minute Clinic Visit	\$10 copayment		N/A	\$20 copayment		N/A
Lab Services, X-ray & Diagnostic Testing	100%	80%***	25%	100%	80%***	25%
Maternity Care - Outpatient Visits	\$200 copayment \$250-\$2,500 deductible		25%	\$400 copayment		25%
**Infertility treatment - In Vitro Fertilization			No Coverage	No Coverage		No Coverage
Outpatient ER Visit - emergency treatment only	\$200 copayment		\$200 copayment	\$250 copayment		\$250 copayment
Ambulance - emergency transport only	N/A		\$200 copayment	N/A		\$250 copayment
Urgent Care Visit (in person or video visit)	\$20 copayment	80%***	25%	\$40 copayment	80%***	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 copayment	80%***	25%	\$40 copayment	80%***	25%
***Physical/Occupational/Speech Therapy	\$20 copayment		25%	\$40 copayment		25%
Acupuncture - \$500 limit	N/A		\$20 copayment	N/A		\$40 copayment
***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%	80%***	25%	100%	80%***	25%
Outpatient Surgery Facility Charges	100%	80%***	25%	100%	80%***	25%
Maternity Care - Inpatient Services	100%		25%	100%		25%
Professional Fees - Inpatient and OP Surgery	100%	80%***	25%	100%	80%***	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 Coverage	LLUH Pharmacies	Other Retail Pharmacies		LLUH Pharmacies	Other Retail Pharmacies	
Out-of-pocket Maximum - \$3,000/person, \$6,000/family	Copayment	Copayment		Copayment	Copayment	
Retail Pharmacies (30-day supply)	\$10 generic \$35 brand	\$20 generic \$45 brand		\$20 generic \$70 brand	\$40 generic \$90 brand	
CVS/Caremark Mail Order Service 30 or 90 day supply, Generic or Brand	\$0 copayment	\$0 copayment		\$0 copayment	\$0 copayment	
Weight mgmt., infertility & erectile dysfunction meds	50% coinsurance	50% coinsurance		50% coinsurance	50% coinsurance	

Dental Services	Preferred Dental Provider		Non Contracted Dental Provider	
Annual Dental Benefit - \$2,000 - Basic & Major Services are subject to a \$50/individual, \$150 /family deductible (Deductibles waived at LLU School of Dentistry) Orthodontia - \$2,000 lifetime benefit	Preventive Care	100%	Preventive Care	90%
	Basic Services	90%	Basic Services	80%
	Major Services	60%	Major Services	50%
		50%		50%

*Limited to specific preventive services

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

***Prior Authorization Required