Loma Linda University Health LLUMC, LLUBMC, LLUCH, LLUHEC, LLUSS, LLUHC, LLUFMG Employee Health Plans

Co-payments for out-of-network services, prescriptions, glasses, contacts, chiropractic care, orthotics/prosthetics, bariatric surgery, infertility treatment, wheelchairs, hearing aids and dental services are not included in the out-of-pocket maximum. Out-of-pocket Maximum - Prescription Co-payments \$3,500 per individual & \$7,000 family No Coverage \$2,500 per individual & \$1,000 family \$1,000 family \$1,000 fam	Plan Benefits	Wholeness	Wholeness Plan - 2017		LLUH Base Plan - 2017	
Out-of-pocket Maximum - Medical Co-payments Copayments for Out-of-network services, prescriptions, glasses, contacts, chiropractic care, orthotics/prosthetics, bariartic aurger, infectible verament, wheeleshis, hearing alia and dental services are not included in the out-of-pocket maximum. In Network Out of Network Out of Network care; and contact for the out-of-pocket maximum. Sa,500 per individual al. S7,000 family Sa,500 per individual al. S7,000 family No Limit Sa,500 per individual al. S7,000 family No Coverage Sa,500 per individual al. S7,000 family N		Coverage for LLUH	Coverage at Non-	Coverage for LLUH	Coverage at Non-	
Co-payments for out-of-networks services, prescriptions, glasses, contacts, chiropactic area, enthodic/prosthetics, barriaria \$3,500 per individual \$8,7,000 family \$8		Hospital Services	preferred providers	Hospital Services	preferred providers	
contacts, chiropractic care, orthotics/prosthetics, barlatric surgery, infertility treatment, wheeldrains, hearing aid and dental services are not included in the out-of-pocket maximum. \$3,500 per individual & \$7,000 family \$3,500 per individual & \$3,7,000 family \$3,500 per individual & \$3,500 per individual & \$7,000 family \$3,500 per individual & \$3,500 per individ	Out-of-pocket Maximum - Medical Co-payments	In Network	Out of Network	In Network	Out of Network	
Surgery, infertility treatment, wheelchairs, hearing aids and dental services are not included in the out of-pocket maximum.						
Surgery, interfally treatment, wheelchars, hearing aids and definal services are not included in the unot-of-pock treatmaximum.		\$3,500 per individual	No Limit	\$3,500 per individual	No Limit	
Out-of-pocket Maximum - Prescription Co-payments 8,5,500 per individual 8,57,000 family No Coverage 3,3,500 per individual 8,57,000 family No Coverage 3,57,000 family No Coverage 2,57,000 family No Coverage 2,500 co payment No Covera		& \$7,000 family	IVO EIIIIIC	& \$7,000 family	IVO EIIIIIC	
Out-Deposited National Prefection Co-payments & 57,000 family NO Coverage & 57,000 family NO Coverage Preventive Care: 1,00% - No co-pay* 25% 1,00% - No co-pay* 25% In Network (Tevisit Co-payment: 1,00% - No co-payment 5,000 co-payment <t< td=""><td>dental services are not included in the out-of-pocket maximum.</td><td></td><td></td><td></td><td></td></t<>	dental services are not included in the out-of-pocket maximum.					
Dispatient Services 100% - No co-pay* 25% 100% - No co-pay* 100%	Out-of-pocket Maximum - Prescription Co-payments		No Coverage	· ·	No Coverage	
In Network Office Visit Co-payment S20 co-payment S	Outpatient Services			,,		
In Network "E-wisit" (a physician consultation via internet)	Preventive Care:	100% - No co-pay*	25%	100% - No co-pay*	25%	
Out of Network Office Visit: 25% 25% 25% 25% Mate Bervices, X-ray & Diagnostic Testing: 100% 25% Mode of Materialty Care - Outpatient Visits 25% 500 co-payment 25% 400 co-payment 25% Mode operating Visits No Coverage No Coverage 25% A00 co-payment 25% No Coverage No Coverage No Coverage No Coverage 25% A00 co-payment	In Network Office Visit Co-payment:	\$20 co-payment		\$40 co-payment		
Lab Services, X-ray & Diagnostic Testing: 100% 25% 500 co.payment 5200	In Network "E-visit ": (a physician consultation via internet)	\$10 co-payment	N/A	\$20 co-payment	N/A	
Maternity Care - Outpatient Visits						
**Infertility treatment - In Vitro Fertilization: Outpatient ER Visit - emergency treatment only Ambulance - emergency transport only Urgent Care Visit **Homo Care Visit **Homo Care Services - 60 visit limit **Toom						
Outpatient ER Visit - emergency treatment only Ambulance - emergency transport only Urgent Care Visit \$200 co-payment N/A \$200 co-payment S200 co-payment S200 co-payment S200 co-payment S200 co-payment S200 co-payment S200 co-payment S250 co-pay	·					
Ambulance - emergency transport only	,		_	•		
Urgent Care Visit	, , , ,					
***Home Care Services - 60 visit limit 100%				-		
***Hospital Services Professional Counseling \$20 co-payment \$20 co-payment \$20 co-payment \$20 co-payment \$20 co-payment \$20 co-payment \$25% \$40 co	<u> </u>	1				
Professional Counseling						
***Physical/Occupational/Speech Therapy Acupuncture - Stool limit ***Orthotics/Prosthetics - \$10,000 limit ***Orthotics/Prosthetics - \$20,00 limit ***Orthotics/Prosthetics - \$20,000 limit ***Orthotics/Prosthetics - \$20,00 limit ***Orthotics/Prosthetics - \$20,00 limit ***Orthotics/Prosthetics - \$20,00 limit ***Orthotics/Prosthetics/Prosth	***Hospice Services	100%	25%	100%	25%	
Acupuncture - \$500 limit			25%			
***Orthotics/Prosthetics - 510,000 limit		\$20 co-payment	25%	\$40 co-payment	25%	
***Rental or Purchase of Medical Equipment & Supplies Bosh Preast Pumps - \$500 limit Petaring Aids - \$500 limit, every three years N/A 100% N/A 100% Hearing Aids - \$500 limit, every three years N/A 80% N/A 80% N/A 50% Chiropractic Services - \$500 limit Bosh 80% 80% 80% 80% N/A 50% Bosh 80%	Acupuncture - \$500 limit	N/A	\$20 co-payment	N/A	\$40 co-payment	
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 100% 25% 100% 25% Outpatient Surgery Facility Charges: 100% 25% 100% 25% Outpatient Surgery Facility Charges: 100% 25% 100% 25% Maternity Care - Inpatient and OP Surgery: 100% 25% 100% 25% Maternity Care - Inpatient and OP Surgery: 100% 25% 100% 25% Skilled Nursing Facility - 60 day limit 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% No Coverage No Coverage No Coverage No Coverage No Coverage No Coverage </td <td>***Orthotics/Prosthetics - \$10,000 limit</td> <td>80%</td> <td>25%</td> <td>80%</td> <td>25%</td>	***Orthotics/Prosthetics - \$10,000 limit	80%	25%	80%	25%	
Hearing Aids - \$3,000 limit, every three years	***Rental or Purchase of Medical Equipment & Supplies	80%	25%	80%	25%	
Chiropractic Services - \$500 limit	·	N/A	100%	N/A	100%	
Salasses and Contact lenses - \$200 benefit 80% 8	Hearing Aids - \$3,000 limit, every three years	N/A	80%	N/A	80%	
**** Inpatient Services/Surgery 100% 25% 100% 25% 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-payment No Coverage	Chiropractic Services - \$500 limit	N/A	50%	N/A	50%	
Hospital Services	*	80%	80%	80%	80%	
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-payment No Coverage						
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-payment No Coverage No Coverage Prescription Drug - Employee Co-payments LLUH Pharmacies LLUH Pharmacies LLUH Pharmacies Retail (30-day supply) \$5 \$15 \$10 \$30 Generic \$5 \$15 \$10 \$30 Brand \$30 \$40 \$60 \$80 VS/Caremark Mail Order Service (90-day supply) \$30 \$40 \$60 \$80 Brand N/A \$10 N/A \$20 \$80 CVS/Caremark Mail Order Service (90-day supply) \$30 \$40 \$60 \$80 Generic N/A \$10 N/A \$120 N/A \$120 Dental Services \$4 \$10 N/A \$120 \$10	Hospital Services:					
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-payment No Coverage Other Pharmacies Cher Pharmacies						
Skilled Nursing Facility - 60 day limit 100% 100% 100% 100% No Coverage Other Pharmacies LLUH Pharmacies Cull Pharmacies Cull Pharmacies LLUH Pharmacies Cull Pharmacie						
*** Bariatric Surgery - Facility and Professional Fees: \$1,500 co-payment No Coverage No Coverage No Coverage Prescription Drug - Employee Co-payments LLUH Pharmacies Other Pharmacies LLUH Pharmacies Other Pharmacies Charmacies Other Pharmacies Charmacies Other Pharmacies Charmacies Other Pharmacies Other Pharmacies Charmacies Charm						
Prescription Drug - Employee Co-payments LLUH Pharmacies Other Pharmacies LLUH Pharmacies Other Pharmacies Retail (30-day supply) \$5 \$15 \$10 \$30 Brand \$30 \$40 \$60 \$80 CVS/Caremark Mail Order Service (90-day supply) N/A \$10 N/A \$20 Brand N/A \$60 N/A \$120 Dental Services N/A \$60 N/A \$120 Brand Preventive Care 100% Preventive Care 100% Brand Preventive Care 100% Preventive Care 100% Brand Preventive Care 80% Basic Services 80% Basic Services are subject to a Basic Services 80% Basic Services 80% Basic Services are subject to a Basic Services 80% Basic Services 80% Orthodontia - \$1,000 lifetime benefit Preventive Care 50% Major Services 50% Orthodontia - \$1,000 lifetime benefit Full-time Part-time Part-time Medical \$35 \$500 \$80 \$545 Single \$35 \$500 \$80 \$545 Surcharge for employees who opt out of wellness requirements - \$150 single, \$2						
Retail (30-day supply) 55 \$15 \$10 \$30 Brand \$30 \$40 \$60 \$80 CVS/Caremark Mail Order Service (90-day supply) Foregric N/A \$10 N/A \$20 Brand N/A \$60 N/A \$120 Dental Services \$1,500 Annual Dental Benefit Preventive Care 100% Preventive Care 100% - Basic & Major Services are subject to a \$50/individual, \$150 family deductible Basic Services 80% Basic Services 80% S50/individual, \$150 family deductible Major Services 50% Major Services 50% Orthodontia - \$1,000 lifetime benefit 50% Major Services 50% 50% Monthly Employee Plan Contributions Full-time Part-time Part-time Medical \$35 \$500 \$80 \$545 Two-party \$135 \$600 \$225 \$690 Family \$210 \$675 \$345 \$810 Surcharge for employees who opt out of wellness requirements - \$150 single		· ·	_	_	_	
Second		LLUH Pharmacies	Other Pharmacies	LLUH Pharmacies	Other Pharmacies	
Brand \$30 \$40 \$60 \$80		ćr	Ć1E	¢10	ć20	
CVS/Caremark Mail Order Service (90-day supply) N/A \$10 N/A \$20 Brand N/A \$60 N/A \$120 Dental Services \$1,500 Annual Dental Benefit Preventive Care 100% Preventive Care in 100% Basic Services in 100% Basic Services in 100% Basic Services in 100% Basic Services in 100% Preventive Care in 100% Preventive Ca			•	· ·	•	
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Brand N/A \$60 N/A \$120 Dental Services \$1,500 Annual Dental Benefit Preventive Care 100% Preventive Care 100% - Basic & Major Services are subject to a \$50/individual, \$150 family deductible Basic Services 80% Basic Services 80% Orthodontia - \$1,000 lifetime benefit 50% Major Services 50% Monthly Employee Plan Contributions Full-time Part-time Part-time Medical \$35 \$500 \$80 \$545 Single \$135 \$600 \$225 \$690 Family \$210 \$675 \$345 \$810 Surcharge for employees who opt out of wellness requirements - \$150 single, \$225 two-party, \$300 family \$5 \$51.50 \$10 \$56.50 Dental \$5 \$51.50 \$35 \$81.50		NI/A	¢10	NI/A	ćao	
Dental Services \$1,500 Annual Dental Benefit Preventive Care 100% Preventive Care 100% - Basic & Major Services are subject to a \$50/individual, \$150 family deductible Basic Services 80% Basic Services 80% Orthodontia - \$1,000 lifetime benefit 50% Major Services 50% Monthly Employee Plan Contributions Full-time Part-time Part-time Medical \$35 \$500 \$80 \$545 Two-party \$135 \$600 \$225 \$690 Family \$210 \$675 \$345 \$810 Surcharge for employees who opt out of wellness requirements - \$150 single, \$225 two-party, \$300 family \$5 \$51.50 \$10 \$56.50 Two-party \$25 \$71.50 \$35 \$81.50			·		· ·	
\$1,500 Annual Dental Benefit - Basic & Major Services are subject to a \$800 Basic Services \$800 Major Serv		IN/A	υος.	IN/A	Ş1ZU	
- Basic & Major Services are subject to a \$50/individual, \$150 family deductible Major Services 50% Major Se		Proventive Care	100%	Proventive Care	100%	
S50/individual, \$150 family deductible	1, ,					
Orthodontia - \$1,000 lifetime benefit 50% 50% Monthly Employee Plan Contributions Full-time Part-time Full-time Part-time Medical \$35 \$500 \$80 \$545 Single \$35 \$600 \$225 \$690 Family \$210 \$675 \$345 \$810 Surcharge for employees who opt out of wellness requirements - \$150 single, \$225 two-party, \$300 family \$5 \$51.50 \$10 \$56.50 Two-party \$25 \$71.50 \$35 \$81.50	1					
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Single \$35 \$500 \$80 \$545 Two-party \$135 \$600 \$225 \$690 Family \$210 \$675 \$345 \$810 Surcharge for employees who opt out of wellness requirements \$50 single, \$225 two-party, \$300 family \$50 single, \$225 two-party, \$300 family \$50 single, \$51.50 \$10 \$56.50 Two-party \$25 \$71.50 \$35 \$81.50		i un-tille	rait-tille	i un-tille	rait-tille	
Two-party \$135 \$600 \$225 \$690 Family \$210 \$675 \$345 \$810 Surcharge for employees who opt out of wellness requirements - \$150 single, \$225 two-party, \$300 family \$5 \$51.50 \$10 \$56.50 Two-party \$25 \$71.50 \$35 \$81.50		\$35	\$500	\$80	\$545	
Family \$210 \$675 \$345 \$810 Surcharge for employees who opt out of wellness requirements - \$150 single, \$225 two-party, \$300 family Dental Single \$5 \$51.50 \$10 \$56.50 Two-party \$25 \$71.50 \$35 \$81.50	_	· ·	•	· ·		
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- \$150 single, \$225 two-party, \$300 family Dental Single \$5 \$51.50 \$10 \$56.50 Two-party \$25 \$71.50 \$35 \$81.50	· · · · · · · · · · · · · · · · · · ·	7210	70/3	Ç545	7010	
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Single \$5 \$51.50 \$10 \$56.50 Two-party \$25 \$71.50 \$35 \$81.50	, , , , ,					
Two-party \$25 \$71.50 \$35 \$81.50		\$5	\$51.50	\$10	\$56.50	
				· ·	· ·	
			·			

Family
*Limited to specific preventive services

 $[\]ensuremath{^{**}\text{Subject}}$ to coverage criteria, authorization and a 3 year waiting period

^{***}Prior Authorization Required