

b e n e f i t s u m m a r y

Athens Area Health Plan Select, Inc.

DHP2

HSA Qualified - High Deductible Health Plan

Calendar Year Deductible: In-Network - \$2,850 Individual / \$5,700 Family; Out-of-Network - \$5,000 Individual / \$10,000 Family.

Coinsurance: In-Network - 0% after deductible, Out-of-Network - 20% after deductible. Lifetime Maximum Benefit: \$5,000,000.

Benefit	In-Network	Out-of-Network
ILLNESS OR INJURY		
Primary Care Physician office visit	CYD & Plan Pays 100% Of Eligible Expenses	CYD & Plan Pays 80% of Eligible Expense
Specialty Care Physician office visit	CYD & Plan Pays 100% Of Eligible Expenses	CYD & Plan Pays 80% of Eligible Expense
Maternity Physician services (prenatal, delivery, postpartum)	CYD & Plan Pays 100% Of Eligible Expenses	CYD & Plan Pays 80% of Eligible Expense
In-Office Surgery	CYD & Plan Pays 100% Of Eligible Expenses	CYD & Plan Pays 80% of Eligible Expense
Allergy Care (office visit, testing, serum, and allergy shots)	CYD & Plan Pays 100% Of Eligible Expenses	CYD & Plan Pays 80% of Eligible Expense
Dermatologist services	CYD & Plan Pays 100% Of Eligible Expenses	CYD & Plan Pays 80% of Eligible Expense
Diagnostic/X-Ray/Lab – Specialty Care Physician	CYD & Plan Pays 100% Of Eligible Expenses	CYD & Plan Pays 80% of Eligible Expense
Urgent Care	CYD & Plan Pays 100% Of Eligible Expenses	CYD & Plan Pays 80% of Eligible Expense
OFFICE VISITS: (Preventive care)		
Well Child Care Including Immunizations	Plan Pays 100% through age 5	Plan Pays 80% through age 5
Well Child Care Vision Screening	Plan Pays 100% through age 5	Plan Pays 80% through age 5
Well Child Care Hearing Screening	Plan Pays 100% through age 5	Plan Pays 80% through age 5
Periodic Health Exams	Plan Pays 100%	Not Covered
Annual Gynecology Exams	Plan Pays 100%	Not Covered
Prostate Screening	Plan Pays 100%	Not Covered
EMERGENCY ROOM SERVICES		
Emergency Care	CYD and Plan Pays 100% of Eligible Expenses	Same as In-Network Benefit
Non-emergency use of Emergency Room	Not Covered	Not Covered
INPATIENT SERVICES		
Semi-private room rate; ICU/CCU charges, other medically necessary charges such as diagnostic X-ray, lab services, newborn nursery charges, and other hospital charges	CYD & Plan Pays 100% of Eligible Expenses	CYD & Plan Pays 80% of Eligible Expenses*

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Benefit	In-Network	Out-of-Network
INPATIENT SERVICES		
Physician Services (surgeon, anesthesiologist, radiologist, pathologist, etc)	CYD & Plan Pays 100% of Eligible Expenses*	CYD & Plan Pays 80% of Eligible Expenses*
OUTPATIENT SERVICES		
Surgery facility/hospital charges	CYD & Plan Pays 100% of Eligible Expenses*	CYD & Plan Pays 80% of Eligible Expenses*
Diagnostic X-Ray and Lab Services	CYD & Plan Pays 100% of Eligible Expenses	CYD & Plan Pays 80% of Eligible Expense
Special Diagnostic procedures (MRA, MRI, CT, PET Sleep Studies and specific cardiology studies)	CYD & Plan Pays 100% of Eligible Expenses*	CYD & Plan Pays 80% of Eligible Expenses*
Physician services (surgeon, anesthesiologist, radiologist, pathologist, etc.)	CYD & Plan Pays 100% of Eligible Expenses*	CYD & Plan Pays 80% of Eligible Expenses*
THERAPY SERVICES		
Cardiac Rehabilitation	CYD & Plan Pays 100% of Eligible Expenses. 36 Visit Calendar Year Maximum.*	CYD & Plan Pays 80% of Eligible Expense 36 Visit Calendar Year Maximum.*
Speech Therapy	CYD & Plan Pays 100% of Eligible Expenses. 20 Visit Calendar Year Maximum.*	CYD & Plan Pays 80% of Eligible Expense 20 Visit Calendar Year Maximum.*
Physical, Occupational Therapy	CYD & Plan Pays 100% of Eligible Expenses. 20 Visit Calendar Year Maximum.*	CYD & Plan Pays 80% of Eligible Expense 20 Visit Calendar Year Maximum.*
Respiratory therapy	CYD & Plan Pays 100% of Eligible Expenses. 30 Visit Calendar Year Maximum.*	CYD & Plan Pays 80% of Eligible Expense 30 Visit Calendar Year Maximum.*
Radiation therapy, Chemotherapy	CYD & Plan Pays 100% of Eligible Expenses*	CYD & Plan Pays 80% of Eligible Expenses*
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES		
Inpatient Mental Health & Substance Abuse	CYD & Plan Pays 100% of Eligible Expenses. Benefits for Network & Non-Network Services are limited to 36 visits per Calendar Year.*	Not Covered
Outpatient Mental Health & Substance Abuse	CYD & Plan Pays 100% of Eligible Expenses. Benefits for Network & Non-Network Services are limited to 36 visits per Calendar Year.*	Not Covered

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OTHER SERVICES		
Skilled Nursing Facility	CYD & Plan Pays 100% of Eligible Expenses. 30 Visit Calendar Year Maximum.*	CYD & Plan Pays 80% of Eligible Expense 30 Visit Calendar Year Maximum.*
Home Health Care	CYD & Plan Pays 100% of Eligible Expenses. 60 Visit Calendar Year Maximum.*	CYD & Plan Pays 80% of Eligible Expense 60 Visit Calendar Year Maximum.*
Pain Management	CYD & Plan Pays 100% of Eligible Expenses. \$5,000 Calendar Year Maximum	CYD & Plan Pays 80% of Eligible Expense \$5,000 Calendar Year Maximum.*
Hospice Care	CYD & Plan Pays 100% of Eligible Expenses*	CYD & Plan Pays 80% of Eligible Expenses*
Ambulance (when Medically Necessary)	CYD & Plan Pays 100% of Eligible Expenses	Same as In-Network Benefit
Air ambulance	CYD & Plan Pays 100% of Eligible Expenses. \$10,000 Calendar Year Maximum*	Same as In-Network Benefit*
Organ Transplant	CYD & Plan Pays 100% of Eligible Expenses*	Not Covered
Durable Medical Equipment	CYD & Plan Pays 100% of Eligible Expenses. \$2,000 Calendar Year Maximum	CYD & Plan Pays 80% of Eligible Expense \$2,000 Calendar Year Maximum.*
Family Planning	CYD & Plan Pays 100% of Eligible Expenses	CYD & Plan Pays 80% of Eligible Expense
Infertility Diagnosis and Treatment (medications not covered)	CYD & Plan Pays 100% of Eligible Expenses. Testing Only. \$2,000 annual maximum/\$5,000 lifetime.*	Not Covered
Vision Screening for Children	CYD & Plan Pays 100% of Eligible Expenses. 1 Visit per year age 6 through age 17.	CYD & Plan Pays 80% of Eligible Expense 1 Visit per year age 6 through age 17.
Hearing Screening for Children	CYD & Plan Pays 100% of Eligible Expenses. 1 Visit per year age 6 through age 17.	CYD & Plan Pays 80% of Eligible Expense 1 Visit per year age 6 through age 17.
Removal of impacted third molars (wisdom teeth)	CYD & Plan Pays 100% of Eligible Expenses. \$800 Lifetime Maximum.	CYD & Plan Pays 80% of Eligible Expense \$800 Lifetime Maximum.
Non-surgical treatment of Temporomandibular Joint Dysfunction (TMJ) including splint therapy	Splints are considered durable medical equipment (DME)- See DME benefit for Benefit information.	Splints are considered durable medical equipment (DME)- See DME benefit for Benefit information.
Oral Appliance for Sleep Apnea	Oral Appliances are considered durable medical equipment (DME)- See DME benefit for Benefit information.	Oral Appliances are considered durable medical equipment (DME)- See DME benefit for Benefit information.
DEDUCTIBLES & MAXIMUMS		

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DEDUCTIBLES & MAXIMUMS		
Calendar Year Deductible	\$2,850 Individual / \$5,700 Family	\$5,000 Individual / \$10,000 Family
Annual Out-of-Pocket (Member)	\$2,850 Individual / \$5,700 Family	\$10,000 Individual / \$20,000 Family
Calendar Year Maximum (Plan)	\$2,000,000	\$2,000,000
Coinsurance	100%	80%
Lifetime Maximum Benefit	\$5,000,000	\$5,000,000

Notes:

1. The Annual Out-of-Pocket Maximum does include the deductible and any co-pays and/or coinsurance.
2. All Out-of-Network benefits are subject to AAHPS allowable charge limitations as defined in the Evidence of Coverage.
3. The Annual Deductible and Out-of-Pocket Maximum includes both medical expenses and pharmacy expenses. All expenses are your responsibility until the deductible is reached.
4. Fixed wing air transport must have prior authorization.
5. Charges in excess of Usual, Customary, and Reasonable (UCR) charges are not Eligible Expenses and are not covered by this Plan. Any amounts that exceed UCR do not count towards the Annual Out-of-Pocket Maximum.
6. If optional Riders are attached to the Evidence of Coverage (such as a Dental Rider or a Hearing Aid Rider) you have the optional coverage described in the Rider and its Benefit Summary. You should be sure to keep the Rider(s) and refer to them if you need the optional benefits they provide.

* Prior Notification is Required