



COST SHARE SCHEDULE*

OGB MEDICAL HOME HMO PLAN
EFFECTIVE JANUARY 1, 2015



MEDICAL MEMBER COST SHARING

| | |
|---|--|
| Medical Deductible | In-Network Benefits: \$500 Individual; \$1,500 Family Out-of-Network Benefits: \$1,500 Individual; \$3,000 Family |
| Other Cost Share | In-Network Benefits: See Below Out-of-Network Benefits: 50% Co-insurance based on the Vantage Allowable |
| Tier I Medical Out-of-Pocket Maximum | \$3,000 Individual; \$9,000 Family |

AFFINITY HEALTH NETWORK (AHN)

This Plan includes a preferred provider network, Affinity Health Network (AHN), which has lower cost share for certain covered services as indicated by "AHN" below.

TIER I PROVIDERS

| | |
|--|---|
| Physician Office Services | |
| Medical Home Primary Care Physician (MH-PCP) | \$10 or \$0 AHN MH-PCP office visit Co-payment |
| Chiropractor | \$10 Chiropractor office visit Co-payment |
| Specialty Care | \$45 or \$35 AHN Specialty Care office visit Co-payment |
| Routine Vision Exam | \$45 Specialty Care office visit Co-payment |
| Office Diagnostic Services <i>(excludes Major Diagnostic tests and ultrasounds)</i> | 100% coverage* |
| Lab Services | 100% coverage |
| Major Diagnostic Testing and Ultrasounds (Affinity Health Network) | \$50 AHN Co-payment per test* |
| Major Diagnostic Testing and Ultrasounds | \$150 Co-payment per test* |
| Maternity-Related Services | |
| Office Visit (Affinity Health Network) | \$0 AHN MH-PCP office visit Co-payment <i>(initial visit only)</i> |
| Office Visit | \$10 MH-PCP office visit Co-payment <i>(initial visit only)</i> |
| Office Diagnostic Services <i>(excludes Major Diagnostic tests and ultrasounds)</i> | 100% coverage* |
| Lab Services | 100% coverage |
| Major Diagnostic Testing (Affinity Health Network) | \$50 AHN Co-payment per test* |
| Major Diagnostic Testing | \$150 Co-payment per test* |
| Ultrasounds | 100% coverage for initial 2 ultrasounds* |
| Wellness & Preventive Care | |
| Annual Examination | 100% coverage |
| Immunizations & Vaccines | 100% coverage |
| Men's Health | 100% coverage |
| Women's Health | 100% coverage |
| Children's Health | 100% coverage |
| Screening Colonoscopy | 100% coverage |

*In-Network covered services that are subject to the Medical Deductible.

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| Tier I Covered Services: | Tier I Benefit: |
|---|--|
| Inpatient Hospital Services | |
| Inpatient Semi-Private Room (Affinity Health Network) | \$100 AHN Co-payment per day for days 1-3, \$300 max per stay* |
| Inpatient Semi-Private Room | \$300 Co-payment per day for days 1-3, \$900 max per stay* |
| Physician Services | 100% coverage* |
| Outpatient Hospital Services | |
| Observation Stay (Affinity Health Network) | \$100 AHN Co-payment per day for days 1-3, \$300 max per stay* |
| Observation Stay | \$300 Co-payment per day for days 1-3, \$900 max per stay* |
| Physician Services | 100% coverage* |
| Ambulatory Surgery Unit (ASU) or Outpatient Surgery (Affinity Health Network) | \$100 AHN Co-payment* |
| Ambulatory Surgery Unit (ASU) or Outpatient Surgery | \$300 Co-payment* |
| Major Diagnostic Testing (Affinity Health Network) | \$50 AHN Co-payment per test* |
| Major Diagnostic Testing | \$150 Co-payment per test* |
| Ultrasounds (Affinity Health Network) | \$50 AHN Co-payment per test* |
| Ultrasounds | \$150 Co-payment per test* |
| Lab Services | 100% coverage |
| Other Hospital Outpatient Services (Affinity Network) | 100% Co-insurance up to \$50 AHN daily maximum cost share* |
| Other Hospital Outpatient Services | 100% Co-insurance up to \$200 daily maximum cost share* |
| Emergency Medical Services | |
| Emergency Room | \$200 Co-payment per visit* (waived if admitted) |
| Ambulance | 20% Co-insurance* |
| Durable Medical Equipment and Supplies | 20% Co-insurance* |
| Urgent Care Services | \$45 Co-payment per visit |
| Extended Care Facilities | \$50 Co-payment per day* |
| Long-Term Acute Care Facility | |
| Rehabilitation Facility | |
| Skilled Nursing Facility | |
| Other Covered Services | |
| Accidental Dental | 20% Co-insurance* |
| Allergenic Testing | 20% Co-insurance* |
| Autism Spectrum Disorders | 20% Co-insurance* |
| Cardiac Rehabilitation | \$45 Co-payment per visit* |
| Chemotherapy/Radiation Therapy | 20% Co-insurance* |
| Diabetes Management | \$10 Co-payment per visit |
| Dialysis | 20% Co-insurance* |
| Home Health Care | 20% Co-insurance* |
| Hospice | 20% Co-insurance* |
| Nutritional Counseling | \$10 Co-payment per visit |
| Occupational and Speech Therapy | 20% Co-insurance* |
| Physical Therapy | 20% Co-insurance* |
| Supplementary Benefits | 40% Co-insurance* |
| (Alcohol- and Drug-related Injuries; Breast Reduction; Cochlear Implant; Leaving Against Medical Advice; Pain Management; Self-inflicted Injuries) | |

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| Tier I Covered Services (continued): | Tier I Benefit: |
|---|--|
| Mental Health and Alcohol & Chemical Dependency Services | |
| Outpatient Mental Health Services | \$10 or \$45 Co-payment per visit |
| Inpatient Mental Health Services | \$300 Co-payment per day for days 1-3, \$900 max per stay* |
| Outpatient Alcohol & Chemical Dependency | \$10 or \$45 Co-payment per visit |
| Inpatient Alcohol & Chemical Dependency | \$300 Co-payment per day for days 1-3, \$900 max per stay* |
| Vision Services | |
| Routine Vision Exam for Children | \$45 Specialty Care office visit Co-payment |
| Routine Vision Exam for Adults | \$45 Specialty Care office visit Co-payment |
| Glasses and Contacts for Children | 50% Co-insurance |
| Glasses and Contacts for Adults | 20% Co-insurance; \$100 max benefit |
| Dental Services | |
| Routine Dental Exam and Cleaning for Children | 100% coverage |
| Routine Dental Exam and Cleaning for Adults | 100% coverage |
| Routine Bitewing X-rays for Children and Adults | 100% coverage up to \$50 max benefit |
| Additional Dental Services for Children | 50% Co-insurance* |
| Approved Transplant Services | Applicable Inpatient or ASU/Outpatient Surgery Co-payment* |

TIER II PROVIDERS

Tier II Covered Services 20% Co-insurance in addition to the Tier I Cost Share*

PRESCRIPTION DRUG MEMBER COST SHARING

| Prescription Drug Deductible | No Prescription Drug Deductible. |
|--|--|
| In-Network Retail Prescription Drugs | |
| Tier I: Generic Prescription Drugs (Low-cost Generics) | \$3 Co-payment per prescription up to 30-day supply |
| Tier II: Non-Preferred Generic Prescription Drugs | \$10 Co-payment per prescription up to 30-day supply |
| Tier III: Preferred Prescription Drugs | \$45 Co-payment per prescription up to 30-day supply |
| Tier IV: Non-Preferred Prescription Drugs | \$95 Co-payment per prescription up to 30-day supply |
| Tier V: Specialty Prescription Drugs | 33% Co-insurance up to 30-day supply; maximum of \$150 per prescription per month |
| Mail Order Prescription Drugs: (Not available for Tier V Specialty Prescription Drugs) | |
| Tier I: | |
| Affinity Health Network – Saint John Pharmacy | 90-day supply for \$0 AHN Co-payment |
| Other Pharmacies | Copayments apply. |
| Tiers II, III and IV: | |
| All Pharmacies | 30-day supply for 1 Co-payment 60-day supply for 2 Co-payments 90-day supply for 3 Co-payments |
| Affinity Health Network – Saint John Pharmacy Diabetic Supplies and Meters | \$0 AHN Co-payment |

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