

Local Care Health Plan (LCHP) Benefits - Aetna

Plan Year Maximums and Deductibles

Plan Year Maximum	Unlimited								
Lifetime Maximum	Unlimited								
Plan Year Deductible	\$1,000 per enrollee								
Additional Deductibles*	<table border="0"> <tr> <td>Each emergency room visit</td> <td>\$400</td> </tr> <tr> <td>LCHP hospital admission</td> <td>\$350</td> </tr> <tr> <td>Non-LCHP hospital admission</td> <td>\$600</td> </tr> <tr> <td>Transplant deductible</td> <td>\$250</td> </tr> </table>	Each emergency room visit	\$400	LCHP hospital admission	\$350	Non-LCHP hospital admission	\$600	Transplant deductible	\$250
Each emergency room visit	\$400								
LCHP hospital admission	\$350								
Non-LCHP hospital admission	\$600								
Transplant deductible	\$250								

Out-of-Pocket Maximum Limits

In-Network Individual \$2,000	In-Network Family \$4,000	Out-of-Network Individual \$6,000	Out-of-Network Family \$12,000
----------------------------------	------------------------------	--------------------------------------	-----------------------------------

The plan has two out-of-pocket maximums, one for all eligible in-network services and one for all eligible out-of-network services. Each out-of-pocket maximum (in-network vs. out-of-network) is exclusive and separate from the other. Plan medical and prescription drug coinsurance and medical deductibles apply toward the out-of-pocket maximums. Out-of-network benefits will be paid at 100% up to the allowable charges after the applicable out-of-pocket maximum has been met. In-network benefits will be paid at 100% of the charges after the applicable out-of-pocket maximum has been met.

Hospital Services

LCHP Hospital Network	\$350 deductible per hospital admission. 80% after the plan year deductible.
Non-LCHP Hospitals**	\$600 deductible per hospital admission. 50% of allowable charges after the plan year deductible.

Outpatient Services

Preventive Services, including immunizations	100% in-network. After the plan year deductible, 50% of allowable charges out-of-network.**
Diagnostic Lab/X-ray	80% in-network. After the plan year deductible, 50% of allowable charges out-of-network.**
Approved Durable Medical Equipment (DME) and Prosthetics	
Licensed Ambulatory Surgical Treatment Centers	

Professional and Other Services

Services included in the LCHP Network	80% after the plan year deductible.
Services not included in the LCHP Network**	50% of allowable charges after the plan year deductible.
Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)	80% in-network. After the plan year deductible, 60% of allowable charges out-of-network.**

Transplant Services

Organ and Tissue Transplants	\$250 transplant deductible, 90% after the plan year deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Aetna. To assure coverage, the transplant candidate must contact Aetna prior to beginning evaluation services.
------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Prescription Drugs (\$175 deductible per enrollee)

Copayments (30-day supply)	<table border="0"> <tr> <td>Generic</td> <td>\$15.00</td> </tr> <tr> <td>Preferred Brand</td> <td>\$30.00</td> </tr> <tr> <td>Nonpreferred Brand</td> <td>\$60.00</td> </tr> <tr> <td>Specialty</td> <td>\$120.00</td> </tr> </table>	Generic	\$15.00	Preferred Brand	\$30.00	Nonpreferred Brand	\$60.00	Specialty	\$120.00
Generic	\$15.00								
Preferred Brand	\$30.00								
Nonpreferred Brand	\$60.00								
Specialty	\$120.00								

* These are in addition to the plan year deductible.

** Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your plan year out-of-pocket maximum; this varies by plan and geographic region. Members who use out-of-network providers, should contact their health plan administrator for information regarding out-of-network changes before obtaining services.