

LGI Services LLC HDHP PPO



Plan: 0044670-01 | Effective: 2027-01-01T00:00:00 | Parent ID: 00017125

Health | High Deductible Health Plan - Health Savings Account | HDHP Single/Family - Standard

PPO | Alliance Select - Standard

Self Funded | ERISA

Deductible: No | OPM: No

Cost Shares - In Network						
Cost Share Level	Emergency Room	Independent Lab	Inpatient	Office	Outpatient	Urgent Care
Deductible - Single	\$3,200	\$3,200	\$3,200	\$3,200	\$3,200	\$3,200
Deductible - Family	\$6,400	\$6,400	\$6,400	\$6,400	\$6,400	\$6,400
Out of Pocket - Single	\$3,200	\$3,200	\$3,200	\$3,200	\$3,200	\$3,200
Out of Pocket - Family	\$6,400	\$6,400	\$6,400	\$6,400	\$6,400	\$6,400

Cost Shares - Out of Network						
Cost Share Level	Emergency Room	Independent Lab	Inpatient	Office	Outpatient	Urgent Care
Deductible - Single	\$3,200	\$3,200	\$3,200	\$3,200	\$3,200	\$3,200
Deductible - Family	\$6,400	\$6,400	\$6,400	\$6,400	\$6,400	\$6,400
Out of Pocket - Single	\$3,200	\$3,200	\$3,200	\$3,200	\$3,200	\$3,200
Out of Pocket - Family	\$6,400	\$6,400	\$6,400	\$6,400	\$6,400	\$6,400

Benefit Specific Office Cost Share - In Network						
Benefit Group	Copay (Office)	Deductible - Single	Deductible - Family	Coinsurance	OPM - Single	OPM - Family
Telehealth (Vendored)	n/a	\$3,200	\$6,400	n/a	\$3,200	\$6,400
Telehealth (Non Vendored)	n/a	\$3,200	\$6,400	n/a	\$3,200	\$6,400
Chiropractic	n/a	\$3,200	\$6,400	n/a	\$3,200	\$6,400
Physical Therapy	n/a	\$3,200	\$6,400	n/a	\$3,200	\$6,400
Occupational Therapy	n/a	\$3,200	\$6,400	n/a	\$3,200	\$6,400
Speech Therapy	n/a	\$3,200	\$6,400	n/a	\$3,200	\$6,400
Vision Exam - Routine	n/a	n/a	n/a	n/a	n/a	n/a

BENEFITS	
Benefit Group	Benefit Description
ABA Therapy	ABA Therapy is covered.

BENEFITS (Continued)	
Benefit Group	Benefit Description
Accident Care	Accidental injury services are covered.
Bariatric Surgery	Bariatric surgery is covered.
BDC - Bariatric Surgery	Facility services for bariatric surgery are not limited to Blue Distinction Centers.
BDC - Cancer Care	Facility services for Cancer Care are not limited to Blue Distinction Centers.
BDC - Cardiac Care	Facility services for Cardiac Care are not limited to Blue Distinction Centers.
BDC - Fertility Care	Provider services for Fertility Care are not limited to Blue Distinction Centers.
BDC - Knee and Hip Replacement	Facility services for knee and hip replacement are not limited to Blue Distinction Centers.
BDC - Spine Surgery	Facility services for spine surgery are not limited to Blue Distinction Centers.
BDC - Transplant	Facility services for transplant surgery are not limited to Blue Distinction Centers.
Chiropractic	Chiropractic services are covered.
Dental Accidental Injury	Dental treatment for accidental injury (excluding acts of chewing) is covered if initiated within 12 months of accident and completed within 24 months.
Facility Skilled Nursing - Facility	Facility based skilled nursing services are covered.
Hearing Aids	Hearing aids are not covered by the plan.
Hospice Respite	Hospice Respite care is covered to a lifetime maximum of 15 days inpatient and 15 days outpatient (limits are separate).
Independent Lab	Independent Lab is covered.
Infertility	Infertility services and prescription drugs for infertility are covered. Artificial insemination, IVF, GIFT, ZIFT, and other transfer procedures are limited to the following per lifetime: \$15,000.
Specialty Medical Drugs	Most specialty drugs are covered under the Prescription Drug Program.
Surgical Removal of Impacted Teeth	Surgical removal of impacted teeth is covered when there is a concurrent medical condition.
Telehealth (Vendored)	Telehealth services (Vendored) are covered for medical and mental health/chemical dependency.
Temporomandibular Joint Disorder	Temporomandibular Joint Disorder treatment is covered, except for routine dental services, dental restorations/extractions, and orthodontic treatment.
Vision Exam - Routine	Routine vision exams are not covered.

OTHER BENEFITS		
Benefit Group	Benefit Description	Status
Gender Affirmation	Gender Affirmation services and treatment are not covered.	Customized
Lab Expansion	Preventive labs expanded to cover blood glucose testing, lipid panels, excluding A1C tests, regardless of age, when billed as part of a routine physical or screening for diabetes.	Customized
Retail Drug Coverage	Retail drugs are covered under freestanding coverage under Pharmacy Benefit Manager (PBM) CVS.	Customized
ACA - Mammogram Screening	Mammography screenings are covered unlimited.	Alternative

OTHER BENEFITS (Continued)		
Benefit Group	Benefit Description	Status
Infertility	Infertility services and prescription drugs for infertility are covered. Artificial insemination, IVF, GIFT, ZIFT, and other transfer procedures are limited to the following per lifetime: \$15,000.	Alternative
Vision Exam - Routine	Routine vision exams are not covered.	Alternative

FEATURES	
Feature Description	Feature Trait Description
Deductible aggregation between PPO and non-PPO	Deductibles aggregate between PPO and non-PPO.
Deductible Embedded or non-Embedded	Single contracts are subject to the single deductible. For family or two-person contracts, benefits are not available for any family members until the entire family or two-person deductible has been met.
Out of Pocket Maximum aggregation between Health and Pharmacy	Out of Pocket Maximums aggregate both ways between Health and Pharmacy.
Out of Pocket Maximum aggregation between PPO and non-PPO	Out of Pocket Maximums aggregate between PPO and non-PPO.
Out of Pocket Maximum credit for Wellmark to Wellmark transfer	Out of Pocket Maximum credit for Wellmark to Wellmark transfer allows carryover from a previous employer group to this employer group.
Out of Pocket Maximum Embedded or non-Embedded	Single contracts are subject to the single out of pocket maximum. For family or two-person contracts, benefits are not available for any family members until the entire family or two-person out of pocket maximum has been met.
Primary Care Practitioner Definition	Primary Care Practitioner (PCP) is defined as General Practice, Family Practice, Internal Medicine, Obstetrics/gynecology, Pediatricians, Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants. All other providers are Non-PCP.
Prior commercial credit	Prior commercial credit is not applicable.
Prior commercial credit from	prior commercial credit not applicable.

OTHER FEATURES		
Feature Description	Feature Trait Description	Status
Deductible Embedded or non-Embedded	Single contracts are subject to the single deductible. For family or two-person contracts, benefits are not available for any family members until the entire family or two-person deductible has been met.	Alternative
Out of Pocket Maximum Embedded or non-Embedded	Single contracts are subject to the single out of pocket maximum. For family or two-person contracts, benefits are not available for any family members until the entire family or two-person out of pocket maximum has been met.	Alternative

LGI Services LLC CARVEOUT RX



Plan: 0044668-01 | Effective: 2027-01-01T00:00:00 | Parent ID: 00017125
Pharmacy | Not Applicable | Carved Out - Freestanding Coverage
Pharmacy - Not Applicable | Carved Out - Freestanding Coverage
Self Funded | ERISA
Deductible: N/A | OPM: N/A