

II. City of Gulfport Employee Benefit Plan: Schedule of Benefits

HEALTH OPTION III

SERVICES: HEALTH OPTION III	In Network	Out of Network
PY Deductible Per member/family	\$2,000 / \$6,000	\$2,000 / \$6,000
PY Out-of-Pocket Maximum Per member/family	\$2,000 / \$6,000	Unlimited
Lifetime Plan Maximum Included in and out of network	\$1,000,000 per covered person	
<u>PHYSICIAN SERVICES</u> Physician Office Visits only Other services provided in the Physician office Physician charges for radiology, pathology, hospital services or surgery	\$40 Copay 20% Coinsurance – Deductible does not apply 20% Coinsurance after PY Deductible	50% Coinsurance after PY Deductible
<u>EMERGENCY CARE SERVICES</u> Emergency Room Facility Services Urgent Care Facility Services Land and air ambulance	\$125 Copay, then 20% Coinsurance after Deductible	
<u>FACILITY SERVICES</u> Inpatient Facility Services Outpatient/Ambulatory Surgery/Diagnostic Services	20% Coinsurance after Deductible	50% Coinsurance after PY Deductible
<u>MATERNITY SERVICES</u> Physician Services for Obstetrical Care Inpatient Facility Charges for Delivery	20% Coinsurance after Deductible	50% Coinsurance after PY Deductible
<u>WELLNESS BENEFIT/ PREVENTATIVE CARE</u> Covered at 100% with no deductible and no co-pay	Age Appropriate Recommended Testing based on PPACA Guidelines	N/A within this tier
<u>KIDNEY DIALYSIS SERVICES</u> Dialysis services	20% Coinsurance after Deductible	50% Coinsurance after PY Ded.
<u>SKILLED NURSING FACILITY SERVICES</u>	20% Coinsurance after Deductible	50% Coinsurance after PY Ded.
<u>OSTOMY SUPPLIES</u>	20% Coinsurance after Deductible	50% Coinsurance after PY Ded.

HEALTH OPTION III	In Network	Out of Network
SERVICES		
<u>DIABETIC SERVICES</u> Diabetic Foot Care Diabetic Education (Diabetic supplies are covered under the pharmacy benefits)	20% Coinsurance after Deductible	50% Coinsurance after PY Deductible
<u>HOME HEALTH SERVICES</u> Home Health Services – Hospice – Outpatient	20% Coinsurance after Deductible	50% Coinsurance after PY Deductible
<u>PROSTHETIC MEDICAL APPLIANCES</u> Internal and external prosthetic appliances and applicable hardware	20% Coinsurance after Deductible	50% Coinsurance after PY Deductible
<u>DURABLE MEDICAL EQUIPMENT</u> Rental or purchase of medical equipment	20% Coinsurance after Deductible	50% Coinsurance after PY Deductible
<u>REHABILITATION SERVICES</u> Short-term rehabilitative therapy services	20% Coinsurance after Deductible	50% Coinsurance after PY Deductible
<u>CARDIAC REHABILITATION SERVICES</u> Cardiac Rehabilitation	20% Coinsurance after Deductible	50% Coinsurance after PY Deductible
<u>MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICES</u> <ul style="list-style-type: none"> • Outpatient Care • Structured Sub-acute Care/Psychiatric Day Treatment/Partial Hospitalization • Residential Care for Children and Adolescents • Inpatient Care/Crisis Stabilization Unit 	20% Coinsurance after Deductible	50% Coinsurance after PY Deductible
<u>PRESCRIPTION BENEFIT</u> Retail Pharmacy, 30 Day Supply Generic Brand name on formulary Brand name non-formulary Mail Order, 90 Day Supply Generic Brand name on formulary Brand name non-formulary Specialty Injectable Drugs, 30 Day Supply		\$10 Copay Generic Mandate \$20 Copay \$35 Copay \$25 Copay Generic Mandate \$50 Copay \$85 Copay \$100 Copay