

## Optional Benefits

**All optional plans are not applicable to the master group policy's lifetime maximum benefits, deductibles, copayments, coinsurance and out-of-pocket or stop-loss limitations.  
The Basic Plan is not eligible for optional benefits.**

### OUTPATIENT PRESCRIPTION DRUG OPTIONS (Not available for the Basic or HSA Plans)

	Select	Custom	Select	Custom	Select	Custom
Plan Number	201	211	204	214	207	217
Deductible	None		\$150 per calendar year		\$250 per calendar year	
Retail Copayments (30 day supply)	Tier 1 = \$ 10 Tier 2 = \$ 20 Tier 3 = \$ 40		Tier 1 = \$ 5 Tier 2 = \$ 25 Tier 3 = \$ 45		Tier 1 = \$ 5 Tier 2 = \$ 25 Tier 3 = \$ 45	
Mail Service Copayments (90 day supply)	Tier 1 = \$ 20 Tier 2 = \$ 40 Tier 3 = \$ 80		Tier 1 = \$ 10 Tier 2 = \$ 50 Tier 3 = \$ 90		Tier 1 = \$ 10 Tier 2 = \$ 50 Tier 3 = \$ 90	
	Select	Custom	Select	Custom	Select	Custom
Plan Number	208	218	212	215	213	216
Deductible	None		None		None	
Retail Copayments (30 day supply)	Tier 1 = \$ 7 Tier 2 = \$ 30 or 20% * Tier 3 = \$ 60 or 50% *		Tier 1 = \$ 5 Tier 2 = \$ 35 Tier 3 = \$ 60		Tier 1 = \$ 15 Tier 2 = \$ 30 Tier 3 = \$ 50	
Mail Service Copayments (90 day supply)	Tier 1 = \$ 14 Tier 2 = \$ 60 or 20% * Tier 3 = \$ 120 or 50% *		Tier 1 = \$ 10 Tier 2 = \$ 70 Tier 3 = \$ 120		Tier 1 = \$ 30 Tier 2 = \$ 60 Tier 3 = \$ 100	

\* whichever is greater

- Participating retail network is MedImpact. New and refill prescriptions are limited to a 30 day supply.
- Participating mail order network is Walgreens Healthcare Plus. New and refill prescriptions are limited to a 90 day supply.
- MedImpact drug formularies are used for Select (Open) and Custom (Closed).
- Covered drugs include oral contraceptives, diaphragms and cervical cap.
- Services under the outpatient prescription drug plans are not subject to coordination of benefits.
- Non-participating retail and non-participating mail order pharmacies are reimbursed at the Preferred Health pharmacy benefit program contracted amount, less the applicable copayment.
- Not all prescription drugs are covered and some prescription drugs require pre-authorization. Please review this information in the prescription drug endorsement or contact Customer Service for questions.
- Local MedImpact participating pharmacies are listed in the Preferred Health Prescription Drug Program Booklet.

**VISION AND HARDWARE COVERAGE OPTIONS**

	Vision I (Plan 125)			Vision II (Plan 126)		
Vision Exam	\$15 Copayment, then 100%   80%   60%			\$10 Copayment, then 100%   80%   60%		
Lenses, Frames and/or Contact Lenses	\$100 Benefit Maximum 100%   80%   60%			\$150 Benefit Maximum 100%   80%   60%		

- Exam and Hardware Allowance every 12 months if age 17 or younger.
- Exam and Hardware Allowance every 24 months if age 18 or older.
- Reimbursement percentage is based on the provider: Preferred Health Participating, Out of Area, or Non-Participating

**ALTERNATIVE CARE OPTION (Plan 300)**

Per calendar year maximum benefit of \$1,000	100% after \$15 Copayment per visit
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- Services must be provided by a licensed naturopathic physician, licensed acupuncturist or licensed chiropractic physician practicing within the scope of his or her license.
- Services must be determined by Preferred Health to be medically necessary and not otherwise excluded by the endorsement or master group contract.

**DENTAL OPTIONS**

	Plan 250	Plan 251	Plan 252
Calendar year deductible Individual / Family	\$25 / \$75	\$ 25 / \$ 75	\$ 50 / \$ 150
Calendar year maximum	\$1,000	\$1,500	\$1,000

Benefits			
Preventative Services	100% - No Deductible	100% - No Deductible	80%
Basic Services	80%	80%	80%
Major Services	50%	50%	50%

	Plan 253	Plan 254	Plan 255
Calendar year deductible Individual / Family	\$ 50 / \$ 150	\$ 50 / \$ 150	\$ 50 / \$ 150
Calendar year maximum	\$1,500	\$1,000	\$1,500

Benefits			
Preventative Services	80%	100% - No Deductible	100% - No Deductible
Basic Services	80%	80%	80%
Major Services	50%	50%	50%

- Six month waiting period for major services, if no creditable coverage applies.
- Benefits are payable on a usual, customary and reasonable (UCR) basis. It is your responsibility for payment of charges in excess of this amount.
- Services must be provided by a DMD or DDS practicing within the scope of their license. The choice of a dentist is yours.