

Local Care Health Plan (LCHP)

Plan Year Maximums and Deductibles*

Plan Year Maximum	Unlimited								
Lifetime Maximum	Unlimited								
Plan Year Deductible*	\$750 per participant								
Additional Deductibles**	<table border="0"> <tr> <td>Each emergency room visit</td> <td>\$400</td> </tr> <tr> <td>LCHP hospital admission</td> <td>\$250</td> </tr> <tr> <td>Non-LCHP hospital admission</td> <td>\$500</td> </tr> <tr> <td>Transplant deductible</td> <td>\$250</td> </tr> </table>	Each emergency room visit	\$400	LCHP hospital admission	\$250	Non-LCHP hospital admission	\$500	Transplant deductible	\$250
Each emergency room visit	\$400								
LCHP hospital admission	\$250								
Non-LCHP hospital admission	\$500								
Transplant deductible	\$250								

** These are in addition to the plan year deductible.

* For members who have at least one dependent, the family deductible must be met before any family member can receive coverage at the plan's benefit levels of 90% (in-network) and 60% (out-of-network).

Out-of-Pocket Maximum Limits

In-Network Individual \$1,750	In-Network Family \$3,500	Out-of-Network Individual \$4,750	Out-of-Network Family \$9,500
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Hospital Services

LCHP Hospital Network	\$250 deductible per hospital admission. 90% after annual plan deductible.
Non-LCHP Hospitals	\$500 deductible per hospital admission. 60% of allowable charges after annual plan deductible.

Outpatient Services

Preventive Services, including immunizations	100% in-network, 60% of allowable charges out-of-network, after annual plan deductible.
Diagnostic Lab/X-ray	90% in-network, 60% of allowable charges out-of-network, after annual plan deductible.
Approved Durable Medical Equipment (DME) and Prosthetics	
Licensed Ambulatory Surgical Treatment Centers	

Professional and Other Services

Services included in the LCHP Network	90% after the annual plan deductible.
Services not included in the LCHP Network	60% of allowable charges after the annual plan deductible.
Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)	90% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.

Transplant Services

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

Prescription Drugs (30-day supply)	Generic	\$12.50
	Preferred Brand	\$25.00
	Nonpreferred Brand	\$50.00
	Specialty	\$100.00