



Georgia Municipal Employees Benefit System
Open Access POS 80/60 - \$5000 Deductible Plan
Schedule of Benefits

Effective January 1, 2025

All benefits are subject to the calendar year deductible, except those with in-network copayments, unless otherwise noted. In addition to deductibles, members are responsible for copayments and any applicable coinsurance. Members are also responsible for all costs over the plan maximums, where applicable.

Some services may require pre-certification before services are covered by the Plan. Please see the Benefits Booklet under Getting Approval for Medical Benefits for additional information. Primary Care Physician (PCP) selection is encouraged, but not required. No referrals are required.

When using out-of-network providers, members may be responsible for any difference between the Maximum Allowed Amount (see Benefits Booklet for definition) and actual charges, in addition to any copayments, deductibles and/or applicable coinsurance.

| Deductibles, Coinsurance and Maximums | | In-Network Benefit Level | Out-of-Network Benefit Level |
|---------------------------------------|----------------------|---|--|
| Calendar Year Deductible* | Individual Family | \$5,000 \$12,500 | \$10,000 \$25,000 |
| Coinsurance | | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Lifetime Maximum | | unlimited | unlimited |
| Out-of-Pocket Calendar Year Maximum* | Medical Rx | \$7,000 individual / \$14,000 family \$1,600 individual / \$3,200 family | \$13,500 individual / \$27,000 family \$3,200 individual / \$6,400 family |

*All family members covered under the Plan contribute toward the total Family deductible and Out-of-pocket maximums. The most any one family member contributes is the Individual amount. Once the Family amount is satisfied, there is no further accumulation for any family members for the remainder of the calendar year.

The following do not apply to the Out-of-Pocket Maximums: Premiums, any amount above the Maximum Allowed Amount (see Benefits Booklet for definition), and charges for health care this Plan doesn't cover. Deductible and Out-of-Pocket amounts are accumulated separately for in-network and out-of-network services.

| Covered Services | In-Network Benefit Level | Out-of-Network Benefit Level |
|--|--|--|
| Office Visits: Preventive Care | | |
| • Well-child care, immunizations | \$0 Physician copayment or \$0 Specialist Physician copayment | Plan pays 60% after deductible (deductible waived through age 5) |
| • Annual Wellness Examination | \$0 Physician copayment or \$0 Specialist Physician copayment | Plan pays 60% after deductible |
| • Annual gynecology examination/mammography | \$0 Physician copayment or \$0 Specialist Physician copayment | Plan pays 60% after deductible |
| • Prostate screening | \$0 Physician copayment or \$0 Specialist Physician copayment | Plan pays 60% after deductible |
| Illness or Injury | | |
| • Physician office visit (includes lab, radiology, and office surgery) | \$40 copayment | Plan pays 60% after deductible |
| • LiveHealth Online healthcare provider visit | Plan pays 100% | Plan pays 100% |
| • Specialty care physician office visit | \$50 copayment | Plan pays 60% after deductible |
| • Second surgical opinion | \$50 copayment | Plan pays 60% after deductible |
| • Allergy care (office visit, testing, serum, and allergy shots) | \$40 Physician copayment or \$50 Specialist Physician copayment | Plan pays 60% after deductible |
| • Maternity (prenatal, postnatal) | \$0 copayment | Plan pays 60% after deductible |
| • Medical Chats/Virtual Visits from LiveHealth Online or K Health, through their affiliated Provider groups. | No charge | No charge |
| • Virtual Health Support- Healthy Back & Joints (LiveHealth Online); Healthy Blood Pressure (Live Health Online); Diabetes Support (Lark App) | No charge | No charge |
| Emergency/Urgent Care Services - <u>Preauthorization</u> is required within 48 hours of ER admission (or ASAP). Failure to <u>preauthorize (out-of-network)</u> may result in reduced or no coverage. | | |
| • Emergency room care of life-threatening illness or serious accidental injury | \$200 copayment (waived if admitted) | \$200 copayment (waived if admitted) |
| • Non-emergency use of the emergency room | Not covered | Not covered |
| • Urgent Care Center | \$60 copayment | \$60 copayment |
| • Ambulance (when medically necessary) | Plan pays 80% after deductible | Plan pays 80% of allowed amount after deductible (balance billing may occur) |
| Inpatient Services | | |
| • Daily room, board and general nursing care at semi-private room rate; ICU/CCU; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care | Plan pays 80% after deductible | Plan pays 60% after deductible |
| • Physician services (surgeon, anesthesiologist, radiologist, pathologist) | Plan pays 80% after deductible | Plan pays 60% after deductible |

POS 80/60 - \$5000 Deductible Plan continued

Effective January 1, 2025

| Covered Services | In-Network Benefit Level | Out-of-Network Benefit Level |
|---|---|---|
| Outpatient Services | | |
| • Surgery facility/hospital charges | Plan pays 80% after deductible | Plan pays 60% after deductible |
| • Diagnostic x-ray and lab services | Plan pays 80% after deductible | Plan pays 60% after deductible |
| • Physician services (surgeon, anesthesiologist, radiologist, pathologist) | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Therapy Services Day or visit maximums are combined between in-network and out-of-network. | | |
| • Speech Therapy | Plan pays 80% after deductible | Plan pays 60% after deductible |
| • Physical, Occupational Therapy | Plan pays 80% after deductible | Plan pays 60% after deductible |
| ▪ Chiropractic – 30-day visit maximum per calendar year combined in and out of network | \$50 co-pay office visit Plan pays 80% for all other services after deductible | Plan pays 60% after deductible |
| • Respiratory Therapy | Plan pays 80% after deductible | Plan pays 60% after deductible |
| • Radiation Therapy, Chemotherapy | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Mental Health/Substance Abuse Services Services may be accessed by calling 1-800-292-2879. | | |
| • Inpatient (facility and physician fee) | Plan pays 80% after deductible | Plan pays 60% after deductible |
| • Inpatient Substance Abuse Detoxification (facility and physician fee) | Plan pays 80% after deductible | Plan pays 60% after deductible |
| • Partial Hospitalization Program (facility and physician fee) | Plan pays 80% after deductible | Plan pays 60% after deductible |
| • Intensive Outpatient Program (facility and physician fee) | Plan pays 80% after deductible | Plan pays 60% after deductible |
| • Professional Outpatient Services | \$40 copayment | Plan pays 60% after deductible |
| • LiveHealth Online healthcare provider visit | Plan pays 100% | Plan pays 100% |
| • Medical Chats/Virtual Visits from LiveHealth Online or K Health, through their affiliated Provider groups. | No charge | No charge |
| • Virtual Health Support- Healthy Back & Joints (LiveHealth Online); Healthy Blood Pressure (Live Health Online); Diabetes Support (Lark App) | No charge | No charge |
| Other Services Day or visit maximums are combined between in-network and out-of-network. | | |
| • Skilled Nursing Facility – 90-day calendar year maximum combined in and out of network | Plan pays 80% after deductible | Plan pays 60% after deductible |
| • Home Health Care – 120-visit calendar year maximum combined in and out of network | Plan pays 80% after deductible | Plan pays 60% after deductible |
| • Hospice Care | Plan pays 100% (<i>not subject to deductible</i>) | Plan pays 100% (<i>not subject to deductible</i>) |
| Pharmacy Covers up to a 30-day supply (retail) or 90-day supply (mail order/CVS retail); Out-of-network –must file claim form for reimbursement, which is limited to Aetna’s approved cost minus copay; If a generic is available and the member requests a brand-name drug to be dispensed, the member pays their applicable co-pay plus the difference in cost between the brand and generic drug. Specialty drugs can be filled one time at retail before moving to Aetna Specialty Pharmacy | | |
| Retail max 30-day supply | | Must file claim form for reimbursement |
| Generic | \$10 copayment | \$10 copayment + cost difference |
| Formulary Brand | \$35 copayment | \$35 copayment + cost difference |
| Non-formulary Brand | \$60 copayment | \$60 copayment + cost difference |
| Mail Order/CVS retail pharmacy max 90-day supply | | N/A |
| Generic | \$20 copayment | |
| Formulary Brand | \$70 copayment | |
| Non-formulary Brand | \$120 copayment | |

The information contained in this summary does not represent a guarantee of the benefits, nor does it change or modify the governing documents underlying the Plan. In the event of a conflict between the information provided and the terms of the governing plan documents, eligibility for benefits and payment of benefits, if any, will be determined in accordance with and subject to applicable governing plan documents.