

Iwaki America

Medical Benefits for Group N98 Effective 10/1/2019

		In-Network Providers
Deductible & Out-of-Pocket		
Annual Calendar/Plan Year Deductible	<i>Single Family</i>	\$250 \$500
Annual Out-of-Pocket Maximum (<i>includes Deductible</i>)	<i>Single Family</i>	\$6,350 \$12,700
Preventive Care		
Routine Physicals & Gynecological Exams		No charge, deductible waived
Well Child Exams and all related charges (through age 6)		No charge, deductible waived
Mammograms (one per plan year)		No charge, deductible waived
Hearing Exam		No charge, deductible waived
Routine Vision (one every 24 months)		No charge, deductible waived
Immunizations (includes routine, travel and flu shots)		No charge, deductible waived
Doctor's Services		
Office Visit – Primary Care		\$25 copay, deductible waived
Office Visit – Specialist Care		\$40 copay, deductible waived
Surgery in a Doctor's office		\$25 copay, deductible waived
Hospital Visits		100% after deductible
Maternity Care		No charge, deductible waived
Second Surgical Opinion		No charge, deductible waived
Anesthesia		No charge, deductible waived
Chiropractic Visit (12 visits per plan year, age 16 and older)		\$25 copay, deductible waived
Hospital Services - Inpatient		
Surgical Facility & Supplies, Miscellaneous Hospital Charges		100% after deductible
Preadmission Testing		100% after deductible
Maternity/Newborn Care		100% after deductible
Hospital Services - Outpatient		
Outpatient Department (Non-Emergency)		100% after deductible
Ambulatory Surgical Center, hospital or surgical day care visit		100% after deductible
Emergency Room (<i>copay waived if admitted</i>)		\$250 copay then 100%

Mental Health/Substance Abuse	
Inpatient Hospital (includes physician's visits)	No charge, deductible waived
Hospital Outpatient Department	No charge, deductible waived
Hospital Clinic Visit	\$25 copay then 100%
Office Visit	\$25 copay then 100%
Other Services	
Diagnostic Colonoscopy	100% after deductible
Diagnostic X-Ray & Lab, Chemo/Radiation Therapy	100% after deductible
MRI, CT Scan & PET Scan	100% after deductible
Allergy Injections	No charge, deductible waived
Speech Therapy (speech, hearing and language disorder)	\$25 copay then 100%
Physical Therapy & Occupational Therapy (60 visits per plan year)	\$25 copay then 100%
Family Planning – Women	No charge, deductible waived
Family Planning – Men	\$40 copay then 100%
Durable Medical Equipment	No charge, deductible waived
Prosthetics	80% after deductible
Hearing Aids (up to \$2,000 per person per plan year; \$6,000 per person per lifetime)	No charge, deductible waived
Home Health Care	100% after deductible
Rehabilitation Hospital	100% after deductible
Skilled Nursing Facility	100% after deductible
Wellness Benefit	
Fitness Benefit	100% to a maximum of \$150 per plan year, combined per family
Weight Loss Program	100% to a maximum of \$150 per plan year, per person
Prescription Drug Benefits	
	Caremark
Retail Pharmacy (up to a 30-day supply)	\$15 (Generic) / \$35 (Preferred Brand) / \$60 (Non-Preferred Brand) / \$200 (Specialty)
Mail Order (up to a 90-day supply)	\$30 (Generic) / \$70 (Preferred Brand) / \$120 (Non-Preferred Brand) / \$200 (Specialty, limited to 30 day supply)

NOTE: This Summary provides you with an overview of your Plan benefits and is not a complete statement of all Plan provisions, limitations and exclusions. Please refer to your Summary Plan Description and amendments for complete details. In the event of any inconsistency between this Summary and your Plan Document, the Plan Document and any applicable amendments will govern. Please refer to your Plan Document and Amendments for complete details as well as the services that require prior authorization.