



The Pennsylvania State University — Technical Service <u>PPO Plan</u> 2022

On the chart below, you'll see what your plan pays for specific services. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

Two or More Persons Office/Clinic/Urgent Care Visits Primary Care Provider Office Visits & Virtual Visits Specialist Office Visits & Virtual Visits 100% after \$20 copayment 170% after deductible Urgent Care Center Visits 100% after \$20 copayment 170% after deductible Walk-in Clinic Visits 100% after \$20 copayment 170% after deductible Walk-in Clinic Visits 100% after \$20 copayment 170% after deductible Walk-in Clinic Visits 100% after \$20 copayment 170% after deductible Walk-in Clinic Visits 100% after \$20 copayment 170% after deductible Walk-in Clinic Visits 100% after \$20 copayment 170% after deductible Walk-in Clinic Visits 100% after \$10 copayment 170% after deductible Walk-in Clinic Visits 100% after \$10 copayment 170% after deductible Walk-in Clinic Visits 100% after \$10 copayment 170% after deductible Walk-in Clinic Visits 100% after \$10 copayment 170% after deductible Walk-in Clinic Visits 100% after \$10 copayment 170% after deductible Walk-in Clinic Visits 100% (deductible does not apply) 170% after deductible Walk-in Clinic Visits 100% (deductible does not apply) 170% after deductible Walk-in Clinic Visits 100% (deductible does not apply) 170% after deductible Walk-in Clinic Visits 100% (deductible does not apply) 170% after deductible Walk-in Clinic Visits 100% (deductible does not apply) 170% after deductible Walk-in Clinic Visits 100% (deductible does not apply) 170% after deductible Walk-in Clinic Visits 100% (deductible does not apply) 170% after deductible Walk-in Clinic Visits 100% (deductible does not apply) 170% after deductible Walk-in Clinic Visits 100% (deductible does not apply) 170% after deductible Walk-in Clinic Visits Port after deductible Walk-in Clinic Visits Port after deductible 100% after deductible Walk-in Clinic Visits Port after deductible 100% after Sau copayment 100% after Sau copayment 100% after Sau copayment 100% after deductible 170% after d	Benefit	Network	Out-of-Network
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Speech & Occupational Frierapy 100% after \$20 copayment 1 70% after deductible	Speech & Occupational Therapy	100% after \$20 copayment	70% after deductible

Benefit	Network	Out-of-Network		
	Limit: 24 visits per thera			
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	90% after deductible	70% after deductible		
Mental Health/Substance Abuse				
Inpatient Inpatient Detoxification/Rehabilitation	90% after deductible	70% after deductible		
Outpatient	100% after \$10 copayment	70% after deductible		
	Other Services	I		
Allergy Extracts and Injections	90% after deductible	70% after deductible		
Applied Behavior Analysis for Autism Spectrum Disorders	90% after deductible	70% after deductible		
Assisted Fertilization Procedures Artificial Insemination Only	90% after deductible	70% after deductible		
Dental Services Related to Accidental Injury	90% after deductible	70% after deductible		
Diagnostic Services				
Advanced Imaging (MRI, CAT, PET scan, etc.)	90% after deductible	70% after deductible		
Basic Diagnostic Services (standard imaging, diagnostic	90% after deductible	70% after deductible		
medical, lab/pathology, allergy testing)	000/_fi	700/ 6		
Durable Medical Equipment, Orthotics and Prosthetics	90% after deductible	70% after deductible		
Gastric Bypass/Bariatric Surgery	90% after deductible	Not covered		
Gender Reassignment Surgery/Transgender Services –	90% after deductible	70% after deductible		
Hearing Care Services	90% after deductible Limit: \$700 per ear, per 36 months for the purchase of a hearing aid device and audiometric testing per ear			
Home Health Care	90% after deductible	70% after deductible		
nome nearth oare	Limit: 120 visits			
Hospice	90% after deductible	70% after deductible		
Infertility Counseling, Testing and Treatment(5)	90% after deductible	70% after deductible		
Private Duty Nursing	90% after deductible	70% after deductible		
	Limit: 70 eigh			
Skilled Nursing Facility Care	90% after deductible 70% after deductible			
Transplant Services	Limit: 100 days per calendar year 90% after deductible Not covered			
Wigs	90% after deductible	I		
Cancer diagnosis only	Limit: \$300 maximum/Lifetime			
Precertification Requirements	Yes			
Prescription Drugs – CVS Caremark				
Prescription Drug Deductible	ug Deductible None			
Total Prescription Drug Out-of-Pocket Maximum				
Individual	\$1,000 \$6,000			
Family Retail	\$6,000			
Generic Drugs	50% coinsurance			
Preferred Brand Drugs	50% coinsurance			
Non-Preferred Brand Drugs	70% coinsurance			
*Retail includes University Health Services Pharmacy				
Mail Order	000/	ouropeo		
Generic Drugs Preferred Brand Drugs	20% coinsurance 20% coinsurance			
Non-Preferred Brand Drugs	70% coinsurance			
* Mail Order includes University Health Services Pharmacy	. 370 3511.	<u>-</u>		
Specialty				
Preferred Brand Drugs	50% coinsurance			
Non-Preferred Brand Drugs	70% coinsurance,	\$100 maximum		
	rescription Drugs – CVS Caremark R GENERIC COINSURANCE*			
Generic	10% coin:	surance		
Preferred Brand		20% coinsurance		
Non-Preferred Brand	40% coinsurance			

Note: Total Maximum Out-of-Pocket Maximum (TMOOP) is mandated by the federal government effective with plan years beginning on or after January 1, 2014. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expense. With plan years beginning on or after January 1, 2022, TMOOP cannot be more than \$8,700 for an individual and \$17,400 for plans with two or more persons. Your plan satisfies this requirement as TMOOP is set at \$7,150 for an individual and \$14,300 for plans with two or more persons.