

# County Health Pool PPO Plan A

Effective January 1, 2022



In-network coverage only listed below  
Please see full benefit summary for out-of-network coverage

<b>Medical Coverage</b>
No individual / No family deductible
\$3,500 individual / \$9,000 family out-of-pocket (OOP) maximum (Rx deductible, copay and coinsurance do apply to OOP maximum; once OOP maximum has been met, medical, Rx copays and coinsurance do not apply.)
80%/20% coinsurance for covered procedures with various copayments
\$25 office visit copay (80%/20% coinsurance for all other services [i.e., lab and X-ray services])
100% covered preventive services (Covered preventive care services include those that meet the requirements of federal and state law, including certain screenings, immunizations, contraceptives and office visits; and are not subject to copay, coinsurance or deductible.)

<b>Prescription Coverage</b>
\$50 annual prescription deductible (combined retail and mail order) (Rx copays do apply to medical OOP maximum.)

<b>Retail Prescription Coverage</b>
Per prescription at a participating pharmacy up to a 30-day supply
Tier 1 generic formulary \$10 or 10% copay, whichever is the higher amount
Tier 2 brand formulary \$25 or 20% copay, whichever is the higher amount
Tier 3 non-formulary \$35 or 40% copay, whichever is the higher amount

<b>Mail Order Prescription Coverage</b>
Per prescription through the mail-order service up to a 90-day supply
Tier 1 generic formulary \$25 copay
Tier 2 brand formulary \$60 copay
Tier 3 non-formulary \$115 copay

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# County Health Pool PPO Plan B1000

Effective January 1, 2022



In-network coverage only listed below

Please see full benefit summary for out-of-network coverage

<b>Medical Coverage</b>
\$1,000 individual deductible / \$2,000 family deductible
\$4,250 individual / \$10,500 family out-of-pocket (OOP) maximum (Medical and Rx copays, deductible and coinsurance do apply to OOP maximum; once OOP maximum has been met, medical Rx and copays, and coinsurance do not apply.)
80%/20% coinsurance for covered procedures with various copays
\$35 office visit copay (80%/20% after deductible for all other services [i.e., lab and X-ray services])
\$200 copay then deductible and 80%/20% coinsurance for high-tech labs and X-rays (MRIs, PET scans, CT scans, etc.)
100% covered preventive services (Covered preventive care services include those that meet the requirements of federal and state law, including certain screenings, immunizations, contraceptives and office visits; and are not subject to copays, coinsurance or deductible.)
<b>Prescription Coverage</b>
\$75 annual prescription deductible (combined retail and mail order) (Rx copays do apply to medical OOP maximum.)
<b>Retail Prescription Coverage</b>
Per prescription at a participating pharmacy up to a 30-day supply
Tier 1 generic formulary \$10 or 20% copay, whichever is the higher amount
Tier 2 brand formulary \$25 or 30% copay, whichever is the higher amount
Tier 3 non-formulary \$35 or 50% copay, whichever is the higher amount
<b>Mail Order Prescription Coverage</b>
Per prescription through the mail-order service up to a 90-day supply
Tier 1 generic formulary \$25 copay
Tier 2 brand formulary \$60 copay
Tier 3 non-formulary \$115 copay

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# County Health Pool Dental Plan A

Effective January 1, 2022



<b>Dental Coverage</b>
\$50 individual / family deductible (maximum of 3 X \$50)
\$1,500 annual maximum amount covered by CHP/Anthem per individual
100% coverage for cleanings once every 6 months (Oral exams, X-rays, and space maintainers also covered 100%.)
80%/20% after deductible for covered general, restorative, endodontic, oral surgery, and periodontal services
50% after deductible for covered prosthodontic services
50% after deductible for covered orthodontic services for eligible dependent children (\$1,000 lifetime maximum per individual)

Note: Some surgical procedures (i.e., surgical extraction of impacted wisdom teeth) will be covered under the CHP medical plan

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# County Health Pool Dental Plan B

Effective January 1, 2022



<b>Dental Coverage</b>
\$50 individual / family deductible (maximum of 3 X \$50)
\$1,500 annual maximum amount covered by CHP/Anthem per individual
100% coverage for cleanings once every 6 months (Oral exams, X-rays, and space maintainers also covered 100%.)
80%/20% after deductible for covered general, restorative, endodontic, oral surgery, and periodontal services
No coverage for prosthodontic services
No coverage for orthodontic services

Note: Some surgical procedures (i.e., surgical extraction of impacted wisdom teeth) will be covered under the CHP medical plan

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# County Health Pool Vision

Effective January 1, 2022



In-network coverage through Vision Service Plan (VSP)

<b>Vision Coverage</b>
<b>Examination</b>
\$15 copay per eye exam once every 12 months
<b>Eyeglass Lenses and Frames</b>
\$15 copay for eyeglass lenses once every 12 months
\$150 allowance for eyeglass wide selection frames once every 24 months
\$170 allowance for eyeglass VSP featured frames once every 24 months
20% savings on the amount exceeding the VSP allowance
<b>Contact Lenses</b>
No copay for contact lenses
\$150 allowance for contacts once every 12 months in lieu of eyeglass lenses/frames
Up to \$60 out-of-pocket (OOP) cost for contact lens exam (fitting and evaluation)
<b>Laser Vision Correction Discounts</b>
15% off regular price or 5% off promotional price at VSP-contracted facilities
<b>Additional discounts and savings are available through VSP at <a href="http://www.vsp.com">www.vsp.com</a> or VSP customer service 1-800-877-7195</b>

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