

PEBB statewide

<http://Providencehealthplan.com/PEBB>

Service Area: Statewide and Nationwide

Providers	Full-time		Part-time	
	In Network	Out of Network	In Network	Out of Network
Substance abuse treatment	0%, deductible waived	30%	0%, deductible waived	50%
Pre-natal	0%, deductible waived	30%	0%, deductible waived	50%
Delivery and postnatal	15%	30%	20%	50%
Preventive	0%, deductible waived	30%	0%, deductible waived	50%
Lab & x-ray	15%	30%	20%	50%
Inpatient hospital per admission	15%	\$500 + 40%	20%	\$500 + 50%
Outpatient surgery in a hospital setting	15%	\$100 + 40%		
Urgent care	\$25	\$25	20%	20%
Emergency department⁶	\$100	\$100 + 15%	\$100 + 20%	\$100 + 20%
Durable medical equip.	15%	30%	20%	50%
Insulin, diabetic supplies	0% deductible waived			
Additional Cost Tier \$100 copay⁷	\$100 + 15%	\$100 + 30%	\$100 + 20%	\$100 + 50%
Additional Cost Tier \$500 copay⁹	\$500 + 15%	\$500 + 30%	\$500 + 20%	\$500 + 50%
Alternative care provider visits	15%	30%	20%	50%
Spinal manipulation, acupuncture services¹³	15%, up to 60 services/yr max combined. Not apply to out of pocket max.	30%, up to 60 services/yr max combined. Not apply to out of pocket max.	20%, up to 60 services/yr max combined. Not apply to out of pocket max.	50%, up to 60 services/yr max combined. Not apply to out of pocket max.
Prescription drugs	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$10 generic \$30 brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> Urgent, emergent and out-of-country In-network deductible, out-of-pocket maximum apply Reimbursed as if filled in network; member pays difference between network rate & billed amount 	<ul style="list-style-type: none"> \$50/individual, \$150/family deductible¹⁰ \$1000 out-of-pocket maximum¹¹ \$0 Value, not subject to deductible¹² \$20 generic 40% preferred brand Copay x 2.5 for 90-day \$100 specialty 	<ul style="list-style-type: none"> Urgent, emergent and out-of-country In-network deductible, out-of-pocket maximum apply Reimbursed as if filled in network; member pays difference between network rate & billed amount

This is a summary only. See the plan documents for details. In the case of a discrepancy, the plan document will apply. See footnotes, page 10.