



Corpsmember Health Care Insurance Plan

October 1, 2020 - September 30, 2021

Underwritten by Premera Blue Cross – Group Number 4002446

| | In-Network | Out-of-Network |
|---|---|-----------------------|
| Deductible | \$100 per plan year | \$200 per plan year |
| Out-of-Pocket Maximum Including deductible, coinsurance and prescription copays. | \$1,500 | Not applicable |
| Benefit Maximum | Unlimited | |
| Hospital | Prior Authorization Required on planned admission | |
| Room and Board | 80% | 60% |
| Other Hospital Services | 80% | 60% |
| Emergency Room | \$150 Copay; then 80% | \$150 Copay; then 80% |
| Professional Services | | |
| Office | 80% | 60% |
| Surgery | 80% | 60% |
| Diagnostic Lab and X-Ray | 80% | 60% |
| Allergy Injections | 80% | 60% |
| Preventive Care | | |
| Routine Care (including preventive screenings) | 100% (<i>deductible waived</i>) | 60% |
| Mammogram/Pap Smear | 100% (<i>deductible waived</i>) | 60% |
| Outpatient Rehabilitation | 45 visits per plan year | |
| (Includes Physical, Occupational Speech and Massage Therapy, Cardiac and Pulmonary Rehab and Chronic Pain) Spinal Manipulations – 12 visits Acupuncture – 12 visits | 80% | 60% |
| Mental Health | | |
| Inpatient | 80% | 60% |
| Outpatient | 80% | 60% |
| Chemical Dependency | | |
| Detoxification | | |
| Inpatient | 80% | 60% |
| Outpatient | 80% | 60% |
| Ambulance | 80% | 80% |
| Prescription Drugs | Prior Authorization Required for Some Prescriptions | |
| Generic | 80% | 60% |
| Formulary | 80% | 60% |
| Preferred Specialty | 80% | 60% |
| Non-Preferred | 80% | 60% |
| Durable Medical Equipment | 80% | 60% |
| Rate per Participant per Month | \$151.10 (Paid for by Washington Conservation Corps) | |

All benefits are subject to deductible and coinsurance maximum unless otherwise specified.

Premera requires prior authorization for planned admission into inpatient hospitals or skilled nursing facilities, some planned outpatient procedures and certain prescription drugs.

(This is not a complete list. Your doctor has the most current list and medical information needed to request a prior authorization on your behalf.)



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