

The Quality Care Health Plan (QCHP)

Plan Year Maximums and Deductibles

Plan Year and Lifetime Maximum	Unlimited	
	Individual Plan Year Deductible	Family Plan Year Deductible Cap
Employee's Annual Salary (based on each employee's annual salary as of April 1st)		
\$60,700 or less	\$375	\$937
\$60,701 - \$75,900	\$475	\$1,187
\$75,901 and above	\$525	\$1,312
Retiree/Annuitant/Survivor	\$375	\$937
Dependents	\$375	N/A
Additional Deductibles*	Each emergency room visit	\$450
	QCHP hospital admission	\$100
	Non-QCHP hospital admission	\$500

* These are in addition to the plan year deductible.

Out-of-Pocket Maximum Limits

In-Network Individual	In-Network Family	Out-of-Network Individual	Out-of-Network Family
\$1,500	\$3,750	\$6,000	\$12,000

Hospital Services

QCHP Hospital Network	\$100 deductible per hospital admission. 85% after annual plan deductible.
Non-QCHP Hospitals	\$500 deductible per hospital admission. 60% of allowable charges after annual plan deductible.

Outpatient Services

Preventive Services, including immunizations	100% in-network, 60% of allowable charges out-of-network, after annual plan deductible.
Diagnostic Lab/X-ray	
Approved Durable Medical Equipment (DME) and Prosthetics	85% in-network, 60% of allowable charges out-of-network, after annual plan deductible.
Licensed Ambulatory Surgical Treatment Centers	

Professional and Other Services

Services included in the QCHP Network	85% after the annual plan deductible.
Services not included in the QCHP Network	60% of allowable charges after the annual plan deductible.
Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year)	85% in-network, 60% of allowable charges out-of-network, after the annual plan deductible.

Transplant Services

Organ and Tissue Transplants	85% after \$100 transplant deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Cigna. To assure coverage, the transplant candidate must contact Cigna prior to beginning evaluation services.
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Prescription Drugs

Plan Year Pharmacy Deductible	\$125	
Copayments (30-day supply)	Generic	\$10
	Preferred Brand	\$30
	Nonpreferred Brand	\$60