



**Employer Services Corporation  
Independent Health  
Out of Area Medical Options  
May 1, 2017 - April 30, 2018**

Description	<b>Passport Plan Select Option 12 Copay</b>	<b>iDirect 1 Series 1500 High Deductible</b>
	<small>A hybrid plan with a combination of a small deductible, co-insurance and co-pays. This includes nation wide coverage.</small>	<small>A high-deductible plan with nation wide coverage</small>
<b>Deductible</b>	\$500/\$1,000 (Embedded) <sup>1</sup>	\$1,500/\$3,000 (True-Family) <sup>2</sup>
<b>Co-Insurance</b>	20%	Applies Where Indicated
<b>In-Network Out-of-Pocket Max</b>	\$3,000/\$6,000 (Embedded) <sup>1</sup>	\$5,000/\$10,000 (Embedded) <sup>1</sup>
<b>Basic</b>		
<b>Office Co-pay</b>	\$20	Deductible then \$30
<b>Specialist Co-Pay</b>	\$20	Deductible then \$50
<b>Office Visit for dependents under age 19</b>	\$20	Deductible then \$30 / \$50
<b>Well Child Visits and Immunizations for dependents under age 19</b>	Covered in Full	Covered in Full
<b>Maternity-Pre/Post Care</b>	Covered in Full (after copay for initial visit)	Deductible then covered in Full (after copay for initial visit)
<b>Telemedicine</b>	\$10	Deductible then \$10
<b>Routine Radiology</b>	Deductible then 20%	Deductible then \$50
<b>Lab &amp; Pathology</b>	\$0	Deductible then Covered in Full
<b>Advanced Radiology</b>	Deductible then 20%	Deductible then \$75
<b>Chiropractic</b>	Deductible then 20%	Deductible then \$50
<b>Allergy</b>	\$20	Deductible then \$30/\$50
<b>Prescription</b>		
<b>Tier 1st / 2nd / 3rd</b>	\$10/\$30/\$100	Deductible then \$10/\$50/\$100
<b>Routine/Preventative</b>		
<b>Routine Physical</b>	Covered in Full	Covered in Full
<b>Mammography</b>	Covered in Full	Covered in Full
<b>Pap Smear</b>	Covered in Full	Covered in Full
<b>Routine GYN Exam</b>	Covered in Full	Covered in Full
<b>Colonoscopy</b>	Covered in Full	Covered in Full
<b>Hospitalization</b>		
<b>Hospital Stay (semi-private room)</b>	Deductible then 20%	Deductible then \$750 per admission
<b>Emergency Services (waved if admitted)</b>	Deductible then 20%	Deductible then \$125
<b>Ambulance</b>	Deductible then 20%	Deductible then \$25
<b>Urgent Care</b>	\$75 Per Visit	Deductible then \$75
<b>Maternity-Hospital</b>	Deductible then 20%	Deductible then \$750 per admission
<b>Maternity-Physician</b>	Deductible then 20%	Deductible then covered in full
<b>Outpatient Surgery</b>	Deductible then 20%	Deductible then \$150
<b>Other Services</b>		
<b>Domestic Partner Rider</b>	Covered with Children	Covered with Children
<b>Vision</b>	Medical exam Deductible then 20%; Routine exam \$20 copay	Medical eye exam Deductible then \$30/\$50; Routine Exam \$10 copay
<b>Dependent/Student Age</b>	26 / 26	26 / 26
<b>HSA Eligible</b>	No	Yes
<b>Out of Network</b>		
<b>Out of Network Deductible</b>	\$500/\$1,000 (Embedded) <sup>1</sup>	\$1,500/\$3,000 (True-Family) <sup>2</sup>
<b>Out of Network Co-Insurance</b>	40%	25%
<b>Out-of-Network Out-of-Pocket Max</b>	\$3,000/\$6,000 (Embedded) <sup>1</sup>	\$10,000/\$20,000 (Embedded) <sup>1</sup>

\*a monthly fee may apply to H.S.A. accounts

\*\*Summary of Benefits and Coverage (SBC) are available upon request

\*\*\*Exchange Notices are available upon request (Health Insurance Marketplace)

**1-Embedded:** Your plan tracks dollars spent on medical services at both Individual and Family levels. By tracking spending levels at the Individual level, each member of your family has the opportunity to meet their own deductible – having insurance coverage begin (e.g., copay, coinsurance) prior to the entire dollar amount of the family deductible being met.

**2-True-Family:** Your plan tracks dollars spent on medical services at the Family level. This means that the entire dollar amount of the family deductible must be met before coverage (e.g., copay, coinsurance) begins.

*Eligibility is based on Participation Requirements. This is not a complete comparison or contract and should be understood as only a guide to assist you. Please refer to your plan document for a complete benefit detail.*

**Employer Services Corporation**  
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