



**Employer Services Corporation
Independent Health
Out of Area Medical Options
May 1, 2018 - April 30, 2019**

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

*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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