hpi | Health Plans, Inc.

Summary of Benefits

Grace Cottage

*Medical Benefits for Group **B16** Effective 1/1/2023*

	Platinum Plan	Gold Plan	Silver Plan
Deductible & Out-of-Pocket			
Annual Deductible *Single* *Family*	 $6,450 $12,900	 $6,450 $12,900	 $6,450 $12,900
Annual HRA Contribution *Single* *Family*	 $4,000 $8,000	 $3,000 $6,000	 $1,400 $2,800
Annual Out-of-Pocket after HRA *Single* *Family*	 $2,450 $4,900	 $3,450 $6,900	 $5,050 $10,100
Preventive Care			
Routine Physicals & Gynecological Exams	100%	100%	100%
Other Services			
Office Visit – Primary Care	100% after deductible	100% after deductible	100% after deductible
Office Visit – Specialist Care	100% after deductible	100% after deductible	100% after deductible
Chiropractic Visit *(12 visits per calendar year)*	100% after deductible	100% after deductible	100% after deductible
Diagnostic Lab & X-Ray	100% after deductible	100% after deductible	100% after deductible
CT, MRI & PET Scan	100% after deductible	100% after deductible	100% after deductible
Outpatient Surgery	100% after deductible	100% after deductible	100% after deductible
Inpatient Hospital	100% after deductible	100% after deductible	100% after deductible
Behavioral Health Hospital Service	100% after deductible	100% after deductible	100% after deductible
Behavioral Health Office Visit	100% after deductible	100% after deductible	100% after deductible
Occupational and Physical Therapy (*30 visits per calendar year)*	100% after deductible	100% after deductible	100% after deductible
Speech Therapy	100% after deductible	100% after deductible	100% after deductible
Ambulance	100% after deductible	100% after deductible	100% after deductible
Emergency Room *(copay waived if admitted)*	100% after deductible	100% after deductible	100% after deductible
Urgent Care	100% after deductible	100% after deductible	100% after deductible
Prescription Drug Benefits	**RxBenefits**		
Prescription Drug Out-of-Pocket Maximum: Single $1,300 Family $2,600			
Retail Pharmacy & Mail Order	All prescriptions are covered at 100% once the deductible has been met		
Wellness Drugs	100% deductible waived		

NOTE: This Summary provides you with an overview of your Plan benefits and is not a complete statement of all Plan provisions, limitations and exclusions. Please refer to your Summary Plan Description and amendments for complete details. In the event of any inconsistency between this Summary and your Plan Document, the Plan Document and any applicable amendments will govern. Please refer to your Plan Document and Amendments for complete details as well as the services that require prior authorization.