

Medical Coverage

These charts are a summary of benefits for common services under the DSM Medical Plans. All DSM Medical Plans are administered by Horizon BCBS. The percentages shown are the percentages paid by the plan. For example, 90% coinsurance means the plan pays 90% and employee pays 10%. Note that in-network benefits are based on negotiated fees and out-of-network benefits are based on an allowance, as determined by BCBS.

Medical Benefits	High Option PPO		Low Option PPO		Consumer Directed Health Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited ¹		Unlimited ¹		Unlimited ¹	
Deductible						
Employee only	\$350	\$700	\$1,050	\$2,100	\$1,500	\$3,000
Employee + 1 dependent	\$700	\$1,400	\$2,100	\$4,200	\$3,000	\$6,000
Family (Employee + 2 or more dependents)	\$1,050	\$2,100	\$3,150	\$6,300	\$4,500	\$9,000
Out-of-Pocket Maximum*	Medical Care Only		Medical Care Only		Combined Medical and Prescription Drugs	
	<i>See the next page for the out-of-pocket maximum for prescription drugs.</i>					
Employee only	\$1,850	\$3,700	\$2,850	\$5,700	\$4,500	\$9,000
Employee + 1 dependent**	\$3,700	\$7,400	\$5,700	\$11,400	\$9,000	\$18,000
Family (Employee + 2 or more dependents)**	\$5,550	\$11,100	\$8,550	\$17,100	\$12,700	\$25,400
Health Savings Account (HSA employer contributions are prorated if you enroll after January 1)	N/A		N/A		DSM contributes to HSA: <ul style="list-style-type: none"> • \$500 employee only • \$750 employee + spouse/DP • \$1,000 employee + child or employee + family • Up to an additional \$1,200 if you and/or your spouse/DP earn the wellness incentive 	
Physician Office Visits²						
Horizon Care Online – telehealth visit	100% after \$5 copay	N/A	100% after \$5 copay	N/A	<ul style="list-style-type: none"> • Medical care: No more than \$59 per visit • Behavioral health: \$79 to \$175 per visit, depending on the service and therapist 	N/A
Primary physician office visit	100% after \$20 copay	70% after deductible	100% after \$20 copay	60% after deductible	80% after deductible	60% after deductible
Specialist physician office visit	100% after \$40 copay	70% after deductible	100% after \$40 copay	60% after deductible	80% after deductible	60% after deductible
Urgent care center office visit	100% after \$20 primary/ \$40 specialist copay	70% after deductible	100% after \$20 primary/ \$40 specialist copay	60% after deductible	80% after deductible	60% after deductible
Preventive Care						
Well-child care/immunizations (to age 18) ³	100%, no deductible	70% after deductible (deductible waived to age 5)	100%, no deductible	60% after deductible (deductible waived to age 5)	100%, no deductible	60% after deductible
Routine physicals/immunizations (one per calendar year, age 18 and older)	100%, no deductible	70% after deductible	100%, no deductible	60% after deductible	100%, no deductible	60% after deductible
Well-woman exams including Pap tests (one per calendar year)	100%, no deductible	70% after deductible	100%, no deductible	60% after deductible	100%, no deductible	60% after deductible

See page 3 for an explanation of footnotes.

Continued on next page.

Medical Coverage continued

The DSM Medical Plan will be interpreted and administered in a manner consistent with the required terms of federal regulations related to health care reform and mental health parity.

Medical Benefits	High Option PPO		Low Option PPO		Consumer Directed Health Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care continued						
Mammograms (Ages 34-39: one baseline; Ages 40+: one conventional and one 3-D each year)	100%, no deductible	70% after deductible	100%, no deductible	60% after deductible	100%, no deductible	60% after deductible
Prostate cancer screenings (one per calendar year, age 50 and older)	100%, no deductible	70% after deductible	100%, no deductible	60% after deductible	100%, no deductible	60% after deductible
Skin cancer screenings (one per calendar year)	100%, no deductible	70% after deductible	100%, no deductible	60% after deductible	100%, no deductible	60% after deductible
Colorectal exams (one per year beginning at age 40)	100%, no deductible	70% after deductible	100%, no deductible	60% after deductible	100%, no deductible	60% after deductible
Lung cancer screenings (one per calendar year, age 55 and those who have a 20 pack per year smoking history and either currently smoke or have quit in the past 15 years)	100%, no deductible	70% after deductible	100%, no deductible	60% after deductible	100%, no deductible	60% after deductible
Routine hearing exams (one per calendar year)	100%, no deductible	70% after deductible	100%, no deductible	60% after deductible	100%, no deductible	60% after deductible
Laboratory Services						
Performed in physician's office or outpatient non-hospital facility	100%; copay applies if physician charges for non-routine office visit	70% after deductible	100%; copay applies if physician charges for non-routine office visit	60% after deductible	80% after deductible	60% after deductible
Performed in inpatient or outpatient hospital facility	90% after deductible; 100% if preventive	70% after deductible	80% after deductible; 100% if preventive	60% after deductible	80% after deductible	60% after deductible
X-ray Services⁴						
Performed in physician's office or outpatient non-hospital radiology facility	100%; copay applies if physician charges for non-routine office visit	70% after deductible	100%; copay applies if physician charges for non-routine office visit	60% after deductible	80% after deductible	60% after deductible
Performed in inpatient or outpatient hospital facility	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Allergy Testing and Treatment						
Performed in physician's office or outpatient non-hospital facility	100%; copay applies if physician charges for non-routine office visit	70% after deductible	100%; copay applies if physician charges for non-routine office visit	60% after deductible	80% after deductible	60% after deductible
Performed in inpatient or outpatient hospital facility	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Hospital Coverage						
Inpatient (including physician visits and consultations) ⁵	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Surgery ^{5,6}	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible

See page 3 for an explanation of footnotes.

Medical Coverage continued

Medical Benefits	High Option PPO		Low Option PPO		Consumer Directed Health Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room						
For medical emergencies	100% after \$100 copay (waived if admitted)	100% of covered amount after \$100 copay (waived if admitted)	100% after \$100 copay (waived if admitted)	100% of covered amount after \$100 copay (waived if admitted)	80% after deductible	80% after deductible
For non-medical emergencies	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Short-term Therapies⁷						
Performed in provider's office or outpatient non-hospital facility	100% after \$40 copay	70% after deductible	100% after \$40 copay	60% after deductible	80% after deductible	60% after deductible
Performed in inpatient or outpatient hospital facility	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Physical Therapy (60-visit maximum per calendar year)⁸						
Performed in provider's office or outpatient non-hospital facility	100% after \$30 copay	70% after deductible	100% after \$30 copay	60% after deductible	80% after deductible	60% after deductible
Performed in inpatient or outpatient hospital facility	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Chiropractic care (30-visit maximum per calendar year) ⁸	100% after \$30 copay	70% after deductible	100% after \$30 copay	60% after deductible	80% after deductible	60% after deductible
Maternity						
Initial visit to confirm pregnancy	100% after \$20 copay	70% after deductible	100% after \$20 copay	60% after deductible	80% after deductible	60% after deductible
All subsequent physician's charges for pre- and postnatal visits and delivery ⁵	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Mental Health & Substance Abuse						
Inpatient ⁵	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Horizon CareOnline—Telehealth	100% after \$5 copay	70% after deductible	100% after \$5 copay	70% after deductible	From \$79 to \$175 per visit, depending on the service and therapist	60% after deductible
Outpatient—office visit	100% after \$20 copay	70% after deductible	100% after \$20 copay	60% after deductible	80% after deductible	60% after deductible
Outpatient—other	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Other Covered Services						
Durable medical equipment ⁵ and other covered services	90% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible

* Shows deductible reflected in the out-of-pocket maximum for all options.

** The out-of-pocket maximum is limited to \$6,850 for only in-network care for each individual in the CDHP. Please note that the family still must incur up to the family out-of-pocket maximum before services are covered 100%.

¹ Except in limited circumstances, such as infertility treatment.

² Services such as infusion therapy (chemotherapy, dialysis and IV therapies) are subject to deductible and coinsurance.

³ Frequency based on American Academy of Pediatrics recommendations and other applicable guidelines under the Patient Protection and Affordable Care Act.

⁴ Advanced radiology, such as CAT/ PET scans, MRIs and nuclear radiology, are subject to deductible and coinsurance.

⁵ Precertification required.

⁶ Includes surgery in a physician's office.

⁷ Includes speech, vision, occupational and cognitive therapy (30 visits/calendar year each) and respiratory (unlimited).

⁸ Combined in- and out-of-network.