

SPECIALTY DRUGS For Drug Tier info, see the Covered Drug List at www.pehp.org		
Specialty Medications, retail pharmacy Up to 30-day supply	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
Specialty Medications, office/outpatient Up to 30-day supply	Tier A: 20% after deductible. No maximum co-pay Tier B: 30% after deductible. No maximum co-pay	Tier A: 40% after deductible. No maximum co-pay Tier B: 50% after deductible. No maximum co-pay
Specialty Medications, through Home Health or Accredited Up to 30-day supply	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C1: 10%. No maximum co-pay Tier C2: 20%. No maximum co-pay Tier C3: 30%. No maximum co-pay	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	20% after deductible	40% after deductible
Urgent Care Facility	\$45 co-pay per visit	40% after deductible
Emergency Room Emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied	20% of In-Network Rate, minimum \$150 co-pay per visit	20% of In-Network Rate, minimum \$150 co-pay per visit
Ambulance (ground or air) Medical emergencies only, as determined by PEHP	20% after deductible	
Diagnostic Tests, Labs, X-rays – Minor For each test allowing \$350 or less, when the only services performed are diagnostic testing	20% after deductible	40% after deductible
Chemotherapy, Radiation, and Dialysis Dialysis from out-of-network provider requires Preauthorization	20% after deductible	40% after deductible
Physical and Occupational Therapy Outpatient – Up to 20 combined visits per plan year.	Applicable co-pay per visit	40% after deductible
Mental Health & Substance Abuse	20% after deductible	40% after deductible

	In-Network Provider	Out-of-Network Provider* Balance billing may apply
MISCELLANEOUS SERVICES		
Adoption / Assisted Reproductive Technology (ART) ART requires Preauthorization. Excludes multiple-embryo ART implants	20% after deductible, up to \$4,000 per adoption or up to \$4,000 per single-embryo ART implant	
Allergy Serum	20% after deductible	40% after deductible
Chiropractic care Up to 10 visits per plan year	Applicable office co-pay per visit	Not covered
Durable Medical Equipment Some DME requires Preauthorization. Visit www.pehp.org for more information. See Master Policy for benefit limits	20% after deductible Summit Networkist Alpine Home Medical	40% after deductible
Medical Supplies See Master Policy for benefit limits	20% after deductible	40% after deductible
Home Health/Skilled Nursing Up to 60 visits per plan year. Requires Preauthorization	20% after deductible	40% after deductible
Home Hospice	20% after deductible	40% after deductible
Injections Includes allergy injections. See above for allergy serum	20% after deductible	40% after deductible
Infertility Services Select services only. See Master Policy for details	20% after deductible	40% after deductible
Temporomandibular Joint Dysfunction Non-surgical. Up to \$1,000 lifetime maximum. See Master Policy for details	20% after deductible	40% after deductible