

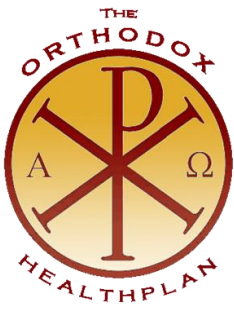
# The Orthodox Health Plan

## Indemnity Medical Insurance Plan

- The Traditional Choice plan is offered to employees located in areas other than in the service areas of the Open Choice (PPO) plan. Traditional Choice is an indemnity plan permitting freedom of choice of providers. Claim reimbursement is based upon reasonable and customary limits, rather than negotiated discounts.

The plan design reflected on the following pages contains the basic provisions of our Traditional Choice product. It is subject to modification in response to state or federal legislation.

<b>Plan Features</b>	
<b>Plan Deductible</b> (per calendar year; applies to all covered services)	\$300 Individual \$600 Family
<b>Coinsurance Limit</b>	\$1,500 Individual \$3,000 Family
<b>Lifetime Maximum</b>	Unlimited
<b>Physician Services</b> (except Mental Health/Alc/Drug)	80% after deductible
<b>Routine Physicals/Immunizations-</b>  well-baby care to age 7; children age 7+ and adults: 1 routine exam per 24 months (1 routine exam annually for members age 65 and older), including immunizations.  Routine ob/gyn exam:  1 routine exam per calendar year, including 1 pap smear and related fees	80% after deductible

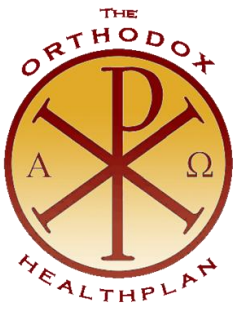


# The Orthodox Health Plan

## Indemnity Medical Insurance Plan

<p><i>Routine Mammography</i></p> <p><i>One baseline mammogram for covered females age 35 but less than 40</i></p> <p><i>One mammogram every two years for covered females age 40 - 49</i></p> <p><i>One mammogram per calendar year for covered females age 50 and older</i></p>	80% after deductible
<b>Hospital Services</b>	
<i>Inpatient coverage</i>	80% after deductible
<i>Outpatient coverage</i>	80% after deductible

<b>Skilled Nursing Facility</b>	80% after deductible up to 90 days per calendar year
<b>Home Health Care</b>	80% after deductible up to 120 visits per calendar year
<b>Private Duty Nursing</b>	80% after deductible up to 70 eight-hour shifts per calendar year
<b>Hospice Care</b>	80% after deductible
<i>Inpatient coverage</i>	30 days inpatient maximum
<i>Outpatient coverage</i>	\$5,000 outpatient maximum
<b>Ambulance</b>	80% after deductible
<b>Durable Medical Equipment</b>	80% after deductible

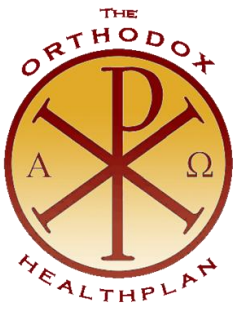


## The Orthodox Health Plan

### Indemnity Medical Insurance Plan

<b>Prescription Drug</b>	<b>Preferred Benefits</b>	<b>Non-Preferred Benefits</b>
<i>Pharmacy Drugs</i>	100% after \$10 copay for generic formulary drugs, \$15 copay for brand name formulary drugs and \$30 copay for non-formulary brand drugs up to a 34 day supply at participating pharmacies.	80% after deductible
<i>Mail Order Drugs</i>	100% after \$20 copay for generic formulary drugs, \$30 copay for brand name formulary drugs and \$60 copay for non-formulary brand drugs up to a 90 day supply at participating Mail Order vendor	80% after deductible for mail order drugs
<b>Maternity</b>		
<i>(coverage includes tubal ligation and vasectomy)*****</i>		80% after deductible
<b>Mental Health Services and Alcohol/Drug Abuse</b>		80% after deductible
<i>Inpatient coverage</i>		
<i>Maximum</i>		30 days per calendar year*
<i>Outpatient coverage</i>		50% after deductible up to 30 visits per calendar year

**[\\*\\*\\*\\*\\* Please click here for a Statement from The Joint Orthodox HealthPlan Committee regarding this coverage](#)**



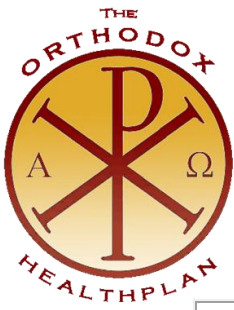
# The Orthodox Health Plan

## Indemnity Medical Insurance Plan

<b><i>Institutes of Excellence®</i></b>	
<i>Expenses incurred in connection with transplant procedures</i>	Payable as any other covered expense
<i>Lodging Expenses Maximum</i>	\$50 per person per night
<i>Travel and Lodging Maximum</i>	\$10,000 per one type of procedure
<b><i>Other Expenses</i></b>	80% after deductible

Members are responsible for obtaining precertification for inpatient hospital confinements; a \$200 penalty will apply per occurrence, for failure to obtain precertification.

<b><i>Eligibility</i></b>	All employees
<b><i>Dependents Eligibility</i></b>	Spouse, children from birth to 19 or 23 if in school
<b><i>Private Room Limit</i></b>	Semi-Private
<b><i>Actively-At-Work/Dependent Non-Confinement Rules</i></b>	Apply (unless waiver required by law)
<b><i>Pre-Existing Conditions Rule</i></b>	Apply (unless waiver required by law)
<b><i>Conversion</i></b>	Standard conversion privilege applies
<b><i>Continuation</i></b>	Standard continuation applies - COBRA or state mandated
<b><i>Extension of Benefits</i></b>	12 months extension if totally disabled when coverage ceases - extension applies to all covered expenses



# The Orthodox Health Plan

## Indemnity Medical Insurance Plan

<b><i>Medicare</i></b>	Government Exclusion - Medicare eligible benefits are subtracted from Covered Medical Expenses before secondary Aetna benefits are calculated.
<b><i>Coordination with Other Benefits</i></b>	Up to 100% of Allowable Expenses per year
<b><i>Subrogation</i></b>	Third party liability claims with recovery potential will be forwarded to the designated subrogation vendor for pursuit - \$500 threshold applies.

Aetna contractual definitions will apply to all treatment.

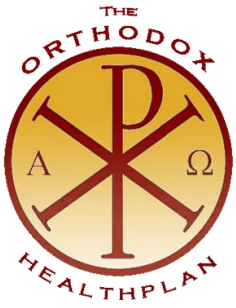
### **Deductible**

- 
- Deductible - an out-of-pocket expense applicable to all benefits. Calendar year deductibles are
  - individual and family, with family limits equal to none, 2x or 3x the individual deductible.

Covered expenses are reduced by the amount of the deductible at the time of claim adjudication by the claim processor.

All out-of-pocket expenses (except those resulting from application of a coinsurance percentage, e.g., 80%) are referred to as deductibles.

Deductibles apply independently (i.e., no cross application between calendar year and per confinement deductibles). There is no deductible carryover provision.



# The Orthodox Health Plan

## Indemnity Medical Insurance Plan

### **Coinsurance Limits**

Coinsurance limits are the maximum amount of out-of-pocket expenses (other than copays and deductibles) that an employee/family will have to pay in a calendar year. Expenses are reimbursed at 100% once these limits are met. Coinsurance limits apply on a calendar year basis only. Coinsurance limits are individual and family, with family limits equal to none, 2x or 3x the individual limit.

Expenses applicable to coinsurance limit - Only those out-of-pocket expenses resulting from the application of a coinsurance percentage (except outpatient mental disorders and alcoholism and drug expenses and any penalty amounts) may be used to satisfy the coinsurance limit.

### **Claims Submission**

Members are responsible for submission of claims under Traditional Choice.

[\*Click Here to go to the OHP Home Page\*](#)

[\*Click Here to View The Dental Plan Summary\*](#)