

DANVILLE AREA COMMUNITY COLLEGE
2017 Health Plan Employee Options

	Base Health Plan		High Deductible Health Plan	
	PPO Providers	NonPPO Providers	PPO Providers	NonPPO Providers
Deductible/Out-of-Pocket				
Calendar Year Deductible	\$500 (\$1000 Family)	\$1000 (\$2000 Family)	\$2000 (\$4000 Family)	\$4000 (\$8000 Family)
Out-of-Pocket Maximum				
Individual	\$2,500	\$5,000	\$4,000	\$8,000
Family	\$5,000	\$10,000	\$8,000	\$16,000
	Out of pocket maximum includes copays (medical/prescriptions) & deductibles		Out of pocket maximum includes copays and deductibles	
Special Coverages				
Preventive Care	100% No Deductible	100% No Deductible	100% No Deductible	100% No Deductible
Physician and Office Services				
Office Visits	100% after a \$20 copay	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Other Covered Services	80% Deductible Applies	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Outpatient Hospital & Ambulatory Surgical Center				
Facility	80% Deductible Applies	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Emergency Room				
Non-Emergency Care	80% Deductible Applies	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Emergency Care	100% \$150 co-pay & ded apply	100% \$150 co-pay & ded apply	90% Deductible Applies	70% Deductible Applies
Diagnostic X-ray & Lab	80% Deductible Applies	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Other Covered Services	80% Deductible Applies	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Inpatient Hospital				
Room, Board & Miscellaneous	80% \$150 co-pay & ded apply	60% \$150 co-pay & ded apply	90% Deductible Applies	70% Deductible Applies
Other Covered Services	80% Deductible Applies	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Other Covered Services				
Extended Care Facility	80% \$150 co-pay & ded apply	60% \$150 co-pay & ded apply	90% Deductible Applies	70% Deductible Applies
Home Health Care	80% Deductible Applies	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Hospice Care	80% Deductible Applies	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Bereavement Counseling	80% Deductible Applies	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Ambulance	80% Deductible Applies	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Durable Medical Equipment	80% Deductible Applies	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Prosthetic Appliances	80% Deductible Applies	60% Deductible Applies	90% Deductible Applies	70% Deductible Applies
Prescription Drug Plan				
Retail Prescription Plan				
Brand	100% after a \$40 co-pay	100% after a \$40 co-pay	90% Deductible Applies	70% Deductible Applies
Formulary	100% after a \$20 co-pay	100% after a \$20 co-pay	90% Deductible Applies	70% Deductible Applies
Generic	100% after a \$10 co-pay	100% after a \$10 co-pay	90% Deductible Applies	70% Deductible Applies
Mail Order Prescription Plan				
Brand	100% after a \$80 co-pay	100% after a \$80 co-pay	90% Deductible Applies	70% Deductible Applies
Formulary	100% after a \$40 co-pay	100% after a \$40 co-pay	90% Deductible Applies	70% Deductible Applies
Generic	100% after a \$20 co-pay	100% after a \$20 co-pay	90% Deductible Applies	70% Deductible Applies
Purchased Outside the Plan	No Coverage	No Coverage	90% Deductible Applies	70% Deductible Applies
Dental Benefits				
Plan Year Maximum Benefit		\$1,200		\$1,200
Orthodontia Lifetime Maximum		\$1,200		\$1,200
Plan Year Deductible		\$50 per person		\$50 per person
VSP				
		https://www.vsp.com		https://www.vsp.com