

The Oconee Medical Center medical plan offers tiered benefit levels. Accessing the Preferred Health Services Clinical Integration (PHS-CI) Program Participating Providers Network provides the highest level of financial benefit to you. The plan then offers the Community Health Partners (CHP) Network for services not available from PHS-CI Participating Providers. The Plan also offers a Non-CHP level of coverage for providers who do not belong to either the PHS-CI or the CHP networks.

OMC Well Aware Plan		Physician Services			
Benefits	Services Available from PHS CI Providers			Services Not Available from PHS CI Providers	
	PHS CI	CHP	Out-of-Network	CHP	Out-of-Network
Deductible (No cross accumulation)	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$750 Individual \$1,500 Family	\$500 Individual \$1,000 Family	\$750 Individual \$1,500 Family
Out of Pocket Maximum (No cross accumulation)	\$3,000 Individual \$6,000 Family	\$4,000 Individual \$8,000 Family	\$7,500 Individual \$15,000 Family	\$4,000 Individual \$8,000 Family	\$7,500 Individual \$15,000 Family
Lifetime Maximum	Unlimited				
PREVENTIVE CARE	PHS CI	CHP	Out-of-Network	CHP	Out-of-Network
Routine Well Adult Care					
Office Visit	100%	60% after deductible	Not Covered	Not Applicable	Not Applicable
Physical Examination	100%	60% after deductible	Not Covered	Not Applicable	Not Applicable
Immunizations/Flu Shots	100%	60% after deductible	Not Covered	Not Applicable	Not Applicable
X-rays & Lab Tests Performed in office on same day as office visit Note: PSA, Mammogram, Pap Smear, bone density, and endoscopic tests (e.g. Sigmoidoscopy / Colonoscopy) have separate benefits (see below)	100%	60% after deductible	Not Covered	Not Applicable	Not Applicable
X-rays & Lab Tests Performed in the office but not associated with office visit (i.e., no office visit charge) Note: PSA, Mammogram, Pap Smear, bone density, and endoscopic tests (e.g. Sigmoidoscopy / Colonoscopy) have separate benefits (see below)	100%	60% after deductible	Not Covered	Not Applicable	Not Applicable
Gynecological Exam Limited to one per year	100%	60% after deductible	Not Covered	Not Applicable	Not Applicable
Pap Smear	100%	60% after deductible	Not Covered	Not Applicable	Not Applicable
Mammogram	100%	60% after deductible	Not Covered	Not Applicable	Not Applicable
<i>Frequency limits for mammogram: All Preventive Care Services reimbursed per AMA guidelines</i>					
Prostate Exam / PSA	100%	60% after deductible	Not Covered	Not Applicable	Not Applicable
Bone Density	100%	60% after deductible	Not Covered	Not Applicable	Not Applicable
Endoscopic Tests (Sigmoidoscopy / Colonoscopy)	100%	60% after deductible	Not Covered	Not Applicable	Not Applicable
Physician Charges	100%	60% after deductible	Not Covered	Not Applicable	Not Applicable
PREVENTIVE CARE	PHS CI	CHP	Out-of-Network	CHP	Out-of-Network
Routine Pediatric Care				Not Applicable	Not Applicable
Office Visit	100% if Available	60% after deductible	Not Covered	Not Applicable	Not Applicable
Physical Exam	100% if Available	60% after deductible	Not Covered	Not Applicable	Not Applicable
Lab tests and X-rays performed in office on same day as office visit	100% if Available	60% after deductible	Not Covered	Not Applicable	Not Applicable
Lab tests and X-rays performed in the office but not associated with office visit (i.e., no office visit charge).	100% if Available	60% after deductible	Not Covered	Not Applicable	Not Applicable
Immunizations / Flu Shots	100% if Available	60% after deductible	Not Covered	Not Applicable	Not Applicable
PHYSICIAN SERVICES	PHS CI	CHP	Out-of-Network	CHP	Out-of-Network
Inpatient Visits	90%	60% after deductible	Not Covered	80% after deductible	50% after deductible
Emergency Room Services	90% after deductible	90% after deductible	90% after deductible	Not Applicable	Not Applicable
<i>The Emergency Room co-payment is waived if the patient is admitted to the Hospital on an emergency basis. The utilization review administrator, S&S Healthcare Strategies, Ltd. must be notified at (800) 717-2872 within 48 hours after the admission, even if the patient is discharged within 48 hours after the admission. In cases of weekend or holiday admissions, the call must be made the later of 48 hours or the first business day after the emergency admission.</i>					
Office visit only (PCP) See Maternity Services for prenatal office visit benefits	100% after \$20 co-payment	60% after \$20 co-payment	50% after deductible	80% after \$20 co-payment	50% after deductible
Office visit only (Specialist) See Maternity Services for prenatal office visit benefits	100% after \$35 co-payment	60% after \$35 co-payment	50% after deductible	80% after \$35 co-payment	50% after deductible
Office Visit Services These include laboratory services, x-rays, and diagnostic tests. Benefits for injections performed in the office are described below.	100% after \$20 PCP co-payment or \$35 Specialist co-payment	60% after \$20 PCP co-payment or \$35 Specialist co-payment	50% after deductible	80% after \$20 PCP co-payment or \$35 Specialist co-payment	50% after deductible
Services performed in office but not associated with office visit (i.e., no office visit charge). These include laboratory services, x-rays, and diagnostic tests. Benefits for injections performed in the office are described below.	100% after \$20 PCP co-payment or \$35 Specialist co-payment	60% after \$20 PCP co-payment or \$35 Specialist co-payment	50% after deductible	80% after \$20 PCP co-payment or \$35 Specialist co-payment	50% after deductible
Inpatient Surgery	90%	60% after deductible	50% after deductible	80% after deductible	50% after deductible
Outpatient Surgery / Outpatient Services	90% after deductible	60% after deductible	50% after deductible	80% after deductible	50% after deductible
Office Surgery	100% after \$20 PCP co-payment or \$35 Specialist co-payment up to \$500 then 90% subject to deductible	60% after \$20 PCP co-payment or \$35 Specialist co-payment up to \$500 then 60% subject to deductible	50% after deductible	80% after \$20 PCP co-payment or \$35 Specialist co-payment up to \$500 then 80% subject to deductible	50% after deductible
Second Surgical Opinion	90%	60%	50%	80%	50%
Endoscopic Test (Non Routine) Office and Outpatient Hospital	90%	60% after deductible	50% after deductible	80% after deductible	50% after deductible
Allergy Testing	90% after deductible	60% after deductible	50% after deductible	80% after deductible	Not Applicable
Contraceptive Management - Office visit Injections - Implants	100% after \$20 PCP co-payment or \$35 Specialist co-payment	60% after \$20 PCP co-payment or \$35 Specialist co-payment	50% after deductible	Not Applicable	Not Applicable
Maternity Services	PHS CI	CHP	Out-of-Network	CHP	Out-of-Network
Prenatal and post partum office visits (No co-payment applies for prenatal visits after the first visit). All other maternity care including delivery. Pregnancies of dependent children are not covered.	100% after \$20 co-payment for initial office visit All other 90% after deductible	60% after \$20 co-payment for initial office visit All other 60% after deductible	50% after deductible	80% after \$20 co-payment for initial office visit All other 80% after deductible	50% after deductible
Injections	PHS CI	CHP	Out-of-Network	CHP	Out-of-Network
Allergy injections, serum and supervision billed with office visit	100% after \$20 PCP co-payment or \$35 Specialist co-payment	60% after \$20 PCP co-payment or \$35 Specialist co-payment	50% after deductible	80% after \$20 PCP co-payment or \$35 Specialist co-payment	50% after deductible
Allergy injections, serum and supervision billed without an office visit	90%	60% after deductible	50% after deductible	80%	50% after deductible
Specialty injectables (used to treat chronic diseases)	PBM	PBM	PBM	Not Applicable	Not Applicable
Other injections	100% after \$20 PCP co-payment or \$35 Specialist co-payment	60% after \$20 PCP co-payment or \$35 Specialist co-payment	50% after deductible	80% after \$20 PCP co-payment or \$35 Specialist co-payment	50% after deductible