

HSA-Qualifying High Deductible Health Plans Plan Design and Benefits



For Members of the Oklahoma Bar Association and Oklahoma Society of CPAs

	HSA \$1500/\$3000		HSA \$3000/\$5950		HSA \$5000/\$10,000	
Member Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>						
Individual (Self-only Coverage)	\$1,500		\$3,000		\$5,000	
Family Aggregate	\$3,000		\$5,950		\$10,000	
	If insured covers a spouse and/or child(ren), only the Family Aggregate deductible applies - there is no individual deductible to satisfy within the family deductible.					
<b>Coinsurance - percentage paid by carrier after deductible</b>	80%	60%	100%	80%	100%	80%
	Applies to all expenses unless otherwise stated once deductible has been met and until out-of-pocket maximum has been met.					
<b>Out of Pocket Maximum</b>						
Individual	\$2,500	\$3,000	\$3,000	\$5,800	\$5,000	\$7,500
Family	\$5,000	\$6,000	\$5,950	\$11,600	\$10,000	\$15,000
	Includes deductible and prescription drugs					
<b>Lifetime Maximum</b>	\$5,000,000 (per member lifetime)		\$5,000,000 (per member lifetime)		\$5,000,000 (per member lifetime)	
<b>Certification Requirements</b>	Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$500 per occurrence.					
<b>Preventive Care</b>						
<b>Routine Adult Physical Exams -1 exam every 12 mos</b>	100% Deductible Waived	70%	100% Deductible Waived	80%	100% Deductible Waived	80%
<b>Routine Well Child Exams</b>	100% Deductible Waived	70%	100% Deductible Waived	80%	100% Deductible Waived	80%
	7 exams in the first 12 months of life, 2 exams in the 13th -24th months of life, 1 exam every 12 months thereafter to age 18.					
<b>Child Immunizations</b> <i>Birth to age 18</i>	100%, Deductible Waived		100%, Deductible Waived		100%, Deductible Waived	
<b>Routine Gynecological Care Exams</b>	100% Deductible Waived	70%	100% Deductible Waived	80%	100% Deductible Waived	80%
	1 exam every 12 months. (Includes Pap smear and related lab fees)					
<b>Routine Mammograms</b>	100%, Deductible Waived		100%, Deductible Waived		100%, Deductible Waived	
	1 baseline for females ages 35-39, 1 mammogram every 12 months for females 40 and over.					
<b>Routine Digital Rectal Exam / Prostate-Specific Antigen Test</b>	100% Deductible Waived	70%	100% Deductible Waived	80%	100% Deductible Waived	80%
	1 exam every 12 months for covered males age 40 and over					
<b>Routine Colorectal Cancer Screening</b>	100% Deductible Waived	70%	100% Deductible Waived	80%	100% Deductible Waived	80%
	Members age 50 and over.					
<b>Routine Eye Exams</b> 1 every 24 Months	100% Deductible Waived	70%	100% Deductible Waived	80%	100% Deductible Waived	80%
<b>Routine Hearing Exams</b> 1 every 24 Months	100% Deductible Waived	70%	100% Deductible Waived	80%	100% Deductible Waived	80%
<b>Physician Services</b>						
<b>Office Visits to: Internist, General Physician, Family Practitioner or Pediatrician</b>	80%	60%	100%	80%	100%	80%
<b>Office Visits to Specialist (Non Surgical)</b>	80%	60%	100%	80%	100%	80%
<b>Office Visits to Specialist (Surgical)</b>	80%	60%	100%	80%	100%	80%
<b>Allergy Testing</b>	80%	60%	100%	80%	100%	80%
<b>Allergy Injections</b>	80%	60%	100%	80%	100%	80%
<b>Diagnostic Procedures</b>						
<b>Diagnostic Laboratory and X-Ray</b>	80%	60%	100%	80%	100%	80%

	<b>HSA \$1500/\$3000</b>		<b>HSA \$3000/\$5950</b>		<b>HSA \$5000/\$10,000</b>	
<b>Emergency Care</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Urgent Care Provider</b>	80%	60%	100%	80%	100%	80%
<b>Non-Urgent Use of Urgent Care Provider</b>	Not Covered		Not Covered		Not Covered	
<b>Emergency Room</b>	80%	60%	100%	80%	100%	80%
<b>Non-Emergency Care in Emergency Room</b>	50%	50%	50%	50%	50%	50%
<b>Ambulance</b>	80%	60%	100%	80%	100%	80%
<b>Hospital Care</b>						
<b>Inpatient Coverage</b>	80%	60%	100%	80%	100%	80%
<b>Outpatient Hospital Expenses</b>	80%	60%	100%	80%	100%	80%
<b>Mental Health</b>						
<b>Inpatient</b>	80%	60%	100%	80%	100%	80%
<b>Outpatient</b>	80%	60%	100%	80%	100%	80%
<b>Alcohol/Drug Abuse</b>						
<b>Lifetime Maximum \$50,000</b>						
<b>Inpatient</b>	80%	60%	100%	80%	100%	80%
Limited to 30 days per calendar year.						
<b>Outpatient</b>	80%	60%	100%	80%	100%	80%
Limited to 40 visits per calendar year.						
<b>Other Services</b>						
<b>Maternity</b>	80%	60%	100%	80%	100%	80%
<b>Convalescent Facility</b>	80%	60%	100%	80%	100%	80%
Limited to 120 days per calendar year.						
<b>Home Health Care</b>	80%	60%	100%	80%	100%	80%
Unlimited Visits	Each visit by nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.					
<b>Hospice Care-Inpatient</b>	Covered 100%		Covered 100%		Covered 100%	
Unlimited Visits						
<b>Hospice Care-Outpatient</b>	Covered 100%		Covered 100%		Covered 100%	
Unlimited Visits						
<b>Transplants</b>	80%	60%	100%	80%	100%	80%
In-Network benefits apply only if procedure is performed at an Institute of Excellence (IOE) facility.						
<b>Private Duty Nursing</b>	80%	60%	100%	80%	100%	80%
Limited to 70 eight-hour shifts per calendar year.						
<b>Outpatient Speech, Physical and Occupational Therapy</b>	80%	60%	100%	80%	100%	80%
<b>Spinal Manipulation Therapy</b>	80%	60%	100%	80%	100%	80%
<b>Durable Medical Equipment</b>	80%	60%	100%	80%	100%	80%
Maximum annual benefit of \$10,000 per member per calendar year.						
<b>Diabetic Supplies</b>	Covered same as any other medical expense if not covered under Pharmacy benefit.					
<b>Infertility Treatment</b>	Member cost sharing is based on type of service performed and place rendered.					
<b>Voluntary Sterilization</b>	Member cost sharing is based on type of service performed and place rendered.					
<b>Contraceptive Drugs and Devices not obtainable at a pharmacy</b>	80%	60%	100%	80%	100%	80%
Includes coverage for contraceptive visits.						
<b>Pharmacy Benefits</b>						
<b>Retail</b>	80%	60%	100%	80%	100%	80%
<b>Mail Order</b>	80%	Not Covered	100%	Not covered	100%	Not covered
<b>Self-injectibles</b>	<b>Covered through Aetna Specialty Pharmacy Only.</b>					

rev Nov 2008

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