

HSA-Qualifying High Deductible Health Plans Plan Design and Benefits



For Member Firms of the
Oklahoma Bar Association
and Oklahoma Society of CPAs

	HSA \$1500/\$3000		HSA \$3000/\$5950	
Member Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$1,500		\$3,000	
Individual (Self-Only Coverage)	\$3,000		\$5,950	
Family	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.			
Coinsurance - percentage paid by carrier after deductible has been met	80%	60%	100%	80%
	Applies to all expenses unless otherwise stated once deductible has been met and until out-of-pocket maximum has been met.			
Out-of-Pocket Maximum	\$2,500	\$3,000	\$3,000	\$5,800
Individual	\$5,000	\$6,000	\$5,950	\$11,600
Family	Includes deductible and prescription drugs.			
Lifetime Maximum	\$5,000,000 (per member lifetime)		\$5,000,000 (per member lifetime)	
Certification Requirements	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.			
Preventive Care				
Routine Adult Physical Exams	100% Deductible Waived	70%	100% Deductible Waived	80%
	1 exam every 12 months age 65+; 1 exam every 24 months under age 65.			
Routine Well Child Exams	100% Deductible Waived	70%	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.			
Child Immunizations Birth to age 18	100%, Deductible Waived		100%, Deductible Waived	
Routine Gynecological Care Exams	100% Deductible Waived	70%	100% Deductible Waived	80%
	1 exam every 12 months. (Includes Pap smear and related lab fees)			
Routine Mammograms	100%, Deductible Waived		100%, Deductible Waived	
	1 baseline for females ages 35-39, 1 mammogram every 12 months for females 40 and over.			
Routine Digital Rectal Exam / Prostate-Specific Antigen Test	100% Deductible Waived	70%	100% Deductible Waived	80%
	1 exam every 12 months for covered males age 40 and over.			
Routine Colorectal Cancer Screening	100% Deductible Waived	70%	100% Deductible Waived	80%
	Members age 50 and over.			
Routine Eye Exams 1 every 24 months	100% Deductible Waived	70%	100% Deductible Waived	80%
Routine Hearing Exams 1 every 24 months	100% Deductible Waived	70%	100% Deductible Waived	80%
Physician Services				
Office Visits to: Internist, General Physician, Family Practitioner or Pediatrician	80%	60%	100%	80%
Office Visits to Specialist (Non Surgical)	80%	60%	100%	80%
Office Visits to Specialist (Surgical)	80%	60%	100%	80%
Allergy Testing	80%	60%	100%	80%
Allergy Injections	80%	60%	100%	80%
Diagnostic Procedures				
Diagnostic Laboratory and X-Ray	80%	60%	100%	80%

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

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