

Summary of Medical Benefits

Global Technologies

Effective January 1, 2022

This schedule is provided as a convenience only and is not all-inclusive.

This Plan may have other requirements and provisions that may affect benefits that are not listed within this schedule. It is strongly recommended that you read the plan's entire Summary Plan Description (SPD) to ensure a complete understanding of the Plan provisions and coverages.

Note: If you receive care from a **non-network provider**, even when referred, you may be billed for the difference between the Plan's approved amount and the provider's charge

Timely Claim Filing: to be eligible for reimbursement under the Plan, your provider must submit the claim within 90 days from the date of service. Claims filed after that time may be denied.

Precertification for any scheduled or non-emergency treatment and or hospitalization is required at least 2 weeks prior to the treatment date.

***Care for certain surgical procedures require proof of a second medical opinion through SympIcare.**

See list at the end of this outline.

	In-Network	Out-of-Network
Annual Deductible (applies to expenses below unless otherwise noted) *Member can waive their deductible if they contact SympIcare prior to services rendered.	\$4,000 / individual \$8,000 / family	\$8,000 / individual \$16,000 / family
Annual Coinsurance (applies to expenses below unless otherwise noted)	Applies towards the below Out-of-Pocket Maximum	\$2,000 / individual \$4,000 / family
Annual Out-of-Pocket Maximum (includes covered expenses under the Plan)	\$6,350 / individual \$12,700 / family	No Maximum

	In-Network (after deductible, unless noted)	Out-of-Network (after deductible, unless noted)
Allergy Testing, Serum, and Treatment	Plan pays 50%	Plan pays 50%
Allergy Shots (Deductible does not apply In-Network)	Plan pays 100% after \$5 copayment	Plan pays 50%

	In-Network (after deductible, unless noted)	Out-of-Network (after deductible, unless noted)
Ambulance Service	Plan pays 80%	Plan pays 80% (emergency services paid at in-network level)
Ambulatory Surgical Center	Plan pays 80%	Plan pays 50%
Anesthetics, Oxygen, Transfusions	Plan pays 80%	Plan pays 50%
Chemotherapy	Plan pays 80%	Plan pays 50%
Chiropractic Care Limited to 30 visits per calendar year (all services combined in- and out-of-network) (Deductible does not apply In-Network)	Plan pays 100% (after \$40 co-payment)	Plan pays 50%
Diagnostic X-rays and Lab Services (includes advanced radiological imaging)		
Performed in and billed by a physician's office or an outside lab/facility Laboratory and Pathology (Deductible does not apply In-Network) Diagnostic Tests and X-rays	Plan pays 100%	Plan pays 50%
Advanced Radiological Imaging Precertification required. *Member is required to contact SympliCare in order to be covered for non-emergency.	Plan pays 80%	Plan pays 50%
Pre-admission Testing (performed prior to a hospital confinement)	Plan pays 100%	Plan pays 50%
Durable Medical Equipment (Deductible does not apply In-Network)	Plan pays 80%	Plan pays 50%
Emergency/Acute Care Hospital ER Room: must be deemed a medical emergency. (copayment waived if admitted)	Plan pays 50%	Plan pays 50%
	Plan pays 100% (after \$250 co-payment)	Plan pays 100% (after \$250 co-payment)

	In-Network (after deductible, unless noted)	Out-of-Network (after deductible, unless noted)
Acute Care Facility (Urgent Care) (Deductible does not apply In-Network)	Plan pays 100% (after \$50 co-payment)	Plan pays 50%
Hemodialysis	Plan pays 80%	Plan pays 50%
Home Health Care Limited to 60 visits per calendar year Precertification required.	Plan pays 100% (after \$40 co-payment)	Plan pays 50%
Hospice Care Precertification required.	Plan pays 100%	Plan pays 50%
Hospital Services – Inpatient Requires precertification – see also Pregnancy below.	Plan pays 80%	Plan pays 50%
Hospital Services – Outpatient	Plan pays 80%	Plan pays 50%
Infertility Treatment (includes services for the diagnosis of infertility only)	Plan pays 50%	Plan pays 50%
Maternity Benefits – includes physician services for prenatal visits and routine pre- and post-partum care, childbirth and pregnancy-related conditions		
Inpatient hospital services or birthing center including labor and delivery (requires precertification)	Professional: Plan pays 100% Facility: Plan pays 80%	Professional: Plan pays 50% Facility: Plan pays 50%
Medical Supplies (covered under Durable Medical Equipment above) (Deductible does not apply In-Network)	Plan pays 50%	Plan pays 50%
Mental Health and Substance Abuse Treatment		
Doctor's office visits or Outpatient/Intermediate Care (Deductible does not apply In-Network)	Plan pays 100% (after \$20 co-payment)	Plan pays 50%
Inpatient Care (requires precertification)	Plan pays 80%	Plan pays 50%
Newborn Care – Inpatient	Plan pays 80%	Plan pays 50%

	In-Network (after deductible, unless noted)	Out-of-Network (after deductible, unless noted)
Organ Transplants – See description of coverage and limitations below Precertification required.	Plan pays 80%	Plan pays 50%
Primary Care Physician - Office visit for injury or sickness (excludes preventive care, surgery and other medical services and supplies) (Deductible does not apply In-Network)	Plan pays 100% (after \$20 co-payment)	Plan pays 50%
Specialist Physician – Office visit for injury or sickness (excludes preventive care, surgery and other medical services and supplies) (Deductible does not apply In-Network)	Plan pays 100% (after \$40 co-payment)	Plan pays 50%
Prosthetics (Deductible does not apply In-Network)	Plan pays 50%	Plan pays 50%
Radiation Therapy	Plan pays 80%	Plan pays 50%
Reconstructive Surgery Precertification required.	Plan pays 80%	Plan pays 50%
Routine Preventive Care/Wellness Benefits (Deductible does not apply In-Network)		
Routine periodic and screening exams	Plan pays 100%	Plan pays 50%
Women's Preventive Services	Plan pays 100%	Plan pays 50%
Well-baby/Well-child Care	Plan pays 100%	Plan pays 50%
Immunizations	Plan pays 100%	Plan pays 50%
Routine Patient Costs relating to Approved Clinical Trials	Plan pays 80%	Plan pays 50%

	In-Network (after deductible, unless noted)	Out-of-Network (after deductible, unless noted)
Second Surgical Opinions: voluntary	Plan pays 80%	Plan pays 50%
Second Procedure/Surgical Opinions: * required (Deductible does not apply In-Network)	Plan pays 100%	Plan pays 100%
Skilled Nursing Facility Limit of 45 days per calendar year (combined in- and out-of-network) Precertification required.	Plan pays 80%	Plan pays 50%
Sterilization Procedures	Plan pays 80%	Plan pays 50%
Surgery *certain procedures require second opinion- see end of this outline		
*Hospital Inpatient Precertification required.	Plan pays 80%	Plan pays 50%
*Outpatient Facility Precertification required.	Plan pays 80%	Plan pays 50%
Therapy Services Cardiac Rehabilitation Therapy Occupational Therapy Physical Therapy Speech Therapy Excludes habilitative therapy treatment to help keep, learn or improve skills and functioning (versus rehabilitative therapy following an illness/injury) Therapy limited to combined maximum visits of 60 per plan year for: Occupational, physical, speech (combined in- and out-of-network) (Deductible does not apply In-Network)		
Performed in and billed by Physician's office	Plan pays 100% (after \$40 co-payment)	Plan pays 50%

	In-Network (after deductible, unless noted)	Out-of-Network (after deductible, unless noted)
Performed at outpatient facility or inpatient	Plan pays 100% (after \$40 co-payment)	Plan pays 50%

Your Prescription Drug Coverage

	In-Network Retail Pharmacy (up to a 30-day supply)	Mail-Service Program (up to a 90-day supply)
	Co-Pay	Co-Pay
Generic	\$6	\$12
Preferred Brand Name	\$40	\$80
Non-Preferred Brand Name	Not Covered	Not Covered
Specialty Drugs	Not Covered	Not Covered

***Second Opinion Requirement –**

This is not an all-inclusive list and can be updated or amended at any time.

In order for these to be covered services, the following procedures require a proof of a second medical opinion from a disinterested third-party physician specializing in the prescribed treatment, with an appointment facilitated by SymplCare.

Please call Sympl at: (844)447-9675 or (844)44-SYMPL to initiate the second opinion.

The second medical opinion must concur with the prescribed treatment and be performed at the most appropriate site of care for the plan to pay. (facility must be deemed an appropriate site of care).

- All oncology (treatment of tumors)
- Non-emergent angioplasty (stent) – for heart or peripheral artery.
- Non-emergent Cardiac Catheterization
- Myringotomy with Tubes Insertion (Ear Tubes)
- Septoplasty
- Thyroidectomy / Lobectomy
- Tarsal Tunnel Release
- Plantar Fasciotomy
- General Surgery
- Total / Partial Shoulder (replacement)
- Total / partial Hip Arthroplasty (replacement)
- Total / Partial Knee Arthroplasty (replacement)
- Open Rotator Cuff Repair
- Microdiscectomy
- Back Surgery (Laminectomy, Laminotomy, Discectomy)
- Anterior Cervical Discectomy (with fusion)
- Left Atrial Appendage Closure (LAAC)