

Auto Warehousing Corporation – Group 020213

Plans: 020213CA, 020213CB, 020213CC, 020213CD and 020213CE

Benefits Effective 01/01/2025 - 12/31/2025

**Note: Benefits quoted and pre-authorizations obtained are not a guarantee of claim payment.
Claim payment will be based upon eligibility at the time of service and all the terms and conditions of the plan.
Out of Network services are subject to Medicare Reference Based Pricing allowances.**

Medical Benefits	Preferred	Participating	Out of Network	COMMENTS
PPO Network	RGA	RGA	Not Applicable	BlueCard prefix: AWA Type of Plan: PPO All Plans: Access to ValueCare (Utah residents seeking care in Utah); Standard RGA/BlueCard network access elsewhere.
Pre-authorization Penalty	See Comments	See Comments	See Comments	All inpatient admissions (excluding obstetrical) and outpatient surgeries must be pre-authorized through RGA's UR at least 5 days prior to an elective admission or surgery. Failure to preauthorize inpatient admissions or outpatient surgeries will result in no penalty. Emergency hospitalizations are recommended to be certified within 48 hours of admission, but failure to do so will not result in a penalty. Preauthorization requirements remain intact, but penalties are waived for the treatment of COVID-19.
WA1065	See Comments	See Comments	See Comments	The group has opted-in.
Deductible	\$500 – Individual \$1,500 – Family	\$500 – Individual \$1,500 – Family	\$500 – Individual \$1,500 – Family	The deductible is waived for services within 90 days of an accident. PPO, PAR, and out of network are combined, and accumulate as a single amount.
Out-of-Pocket Maximum	\$1,500 – Individual \$5,500 – Family	\$1,500 – Individual \$5,500 – Family	\$2,000 – Individual \$20,000-Family	Includes: Deductible, PPO and PAR copays, and coinsurance, unless stated below. Excludes: Out of network copays, out of network diabetic education, out of network transplant facility, and ineligible charges. PPO and PAR are combined, and accumulate as a single amount. Out of network is tracked separately. The medical out of pocket maximum is not integrated with any other benefits.
ABA Therapy	Paid at 80%	Paid at 80%	Paid at 80%	Out of network is subject to the PPO/PAR out of pocket maximum.
Abortion (Voluntary)	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	
Acupuncture	Paid at 80%	Paid at 60%	Paid at 60%	Limited to a 6 visit calendar year maximum.
Air Ambulance	Paid at 80%	Paid at 80%	Paid at 80%	Out of network is subject to the PPO/PAR out of pocket maximum.
Allergy Injections	Paid at 80%	Paid at 60%	Paid at 60%	
Allergy Testing	Paid at 80%	Paid at 60%	Paid at 60%	
Ambulance	Paid at 80%	Paid at 80%	Paid at 80%	Limited to a 500 mile calendar year maximum. Out of network is subject to the PPO/PAR out of pocket maximum.
Ambulatory Surgical Centers/ Outpatient Surgical Centers	Paid at 80%	Paid at 60%	Paid at 60%	

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Anesthesia	Paid at 80%	Paid at 60%	Paid at 60%	Out of network anesthesiologists are paid at the PPO level if the surgeon and facility are PPO.
Assistant Surgeon	Paid at 80%	Paid at 60%	Paid at 60%	Out of network assistant surgeons are paid at the PPO level if the surgeon and facility are PPO.
Biofeedback	Paid at 80%	Paid at 60%	Paid at 60%	Limited to treatment of tension headaches or migraine headaches.
Breast Pumps	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	
Cabulance	Paid at 80%	Paid at 80%	Paid at 80%	Out of network is subject to the PPO/PAR out of pocket maximum. Preauthorization is required.
Chemical Dependency Inpatient	Paid at 80%	Paid at 60%	Paid at 60%	Preauthorization is not required. Residential treatment is covered.
Chemical Dependency Outpatient	Paid at 80%	Paid at 60%	Paid at 60%	
Chemotherapy	Paid at 80%	Paid at 60%	Paid at 60%	
Chiropractic Services	Paid at 80%	Paid at 60%	Paid at 60%	Limited to a 6 visit calendar year maximum.
Cologuard – Medical	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	
Cologuard – Preventive	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	
Contraceptive Services	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60%	Includes: Consultations, implants, injectables, IUDs, oral contraceptives, emergency contraceptives, transdermal contraceptives, diaphragms, insertion of implants and devices, and removal of implants and devices. Excludes: Nothing specifically listed.
COVID-19 Testing	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Asymptomatic testing (e.g. return to work, back to school, travel reasons) is covered. At-home tests are only covered under the PBM. Benefits are not payable under Medical for at-home tests.
COVID-19 Treatment	See Comments	See Comments	See Comments	Out of network treatment will be paid at the PPO level.
COVID-19 Vaccine	See Immunization Benefit	See Immunization Benefit	See Immunization Benefit	
Dental Accident	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	Treatment must begin within 6 months of the accident, and be completed within 12 months of the accident. Anesthesia payable for children under age 7 or physically/developmentally disabled persons.
Diabetic Education	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 80%	Out of network does not apply toward the out of pocket maximum
Diabetic Equipment, Supplies, and Self-Management Training	Paid at 80%	Paid at 60%	Paid at 60%	
Dietary Education	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60%	Limited to three visits per condition.
Diagnostic Testing / Laboratory / MRI / X-rays	Paid at 80%	Paid at 60%	Paid at 60%	
Doctor's Inpatient Hospital Visit	Paid at 80%	Paid at 60%	Paid at 60%	
Doctor's Office Surgery	Paid at 80%	Paid at 60%	Paid at 60%	
Doctor's Office Visit	Paid at 80%	Paid at 60%	Paid at 60%	
Donor Benefit (Transplant)	Paid at 80%	Paid at 60%	Paid at 60%	For bone marrow typing and searching, see Transplant benefit.

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DOT Exams	Not Covered	Not Covered	Not Covered	
Durable Medical Equipment	Paid at 80%	Paid at 80%	Paid at 80%	Preauthorization is required for DME over \$2,000.
Emergency Room Services	\$150 copay, Paid at 80%	\$150 copay, Paid at 80%	\$150 copay, Paid at 80%	Copay waived if admitted. Copay waived for services within 90 days of an accident. Out of network is subject to the PPO/PAR out of pocket maximum.
Fertility Preservation	Not Covered	Not Covered	Not Covered	
Flu Shots	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	
Gender Reassignment	Not Covered	Not Covered	Not Covered	
Gene Therapy	Not Covered	Not Covered	Not Covered	
Genetic Testing	Paid at 80%	Paid at 60%	Paid at 60%	Preauthorization is required.
Gynecological/Pap Smear Office Visit	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60%	
Hearing Aids	Paid at 100%	Paid at 100%	Paid at 100%	Limited to a \$3,000 maximum per ear every 3 calendar years. Out of network is subject to the PPO/PAR out of pocket maximum.
Hearing Exams	Not Covered	Not Covered	Not Covered	
Home Health Care Nursing Visits and Miscellaneous Services	Paid at 80%	Paid at 80%	Paid at 80%	Limited to a 125 visit calendar year maximum. Also limited to 2 hours per visit maximum and limited to two visit max per day for an LPN or RN and one visit per day for any other classification of health care provider. Home Health services must be provided by a RN, LPN, Physical, occupational, speech or respiratory therapist or a licensed social worker. Preauthorization is required.
Hospice Bereavement	Not Covered	Not Covered	Not Covered	
Hospice Care	Paid at 80%	Paid at 80%	Paid at 80%	Limited to a 6 month lifetime maximum. Preauthorization is recommended.
Hospice Respite Care	See Hospice Care Benefit	See Hospice Care Benefit	See Hospice Care Benefit	
Hospital Outpatient Miscellaneous	Paid at 80%	Paid at 60%	Paid at 60%	
Hospital Room and Board	Paid at 80%	Paid at 60%	Paid at 60%	
Immunizations	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Travel immunizations are not covered.
Infertility	Not Covered	Not Covered	Not Covered	
Infusion Therapy	Paid at 80%	Paid at 80%	Paid at 80%	Preauthorization is required.
Injections	Paid at 80%	Paid at 60%	Paid at 60%	Preauthorization is required for specialty pharmacy drugs.
Inpatient Miscellaneous	Paid at 80%	Paid at 60%	Paid at 60%	
Kidney Dialysis	Paid at 80%	Paid at 60%	Paid at 60%	Preauthorization is required.
Lasik Surgery	Not Covered	Not Covered	Not Covered	

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Massage Therapy	Paid at 80%	Paid at 60%	Paid at 60%	Limited to a 6 visit calendar year maximum.
Maternity for Dependent Children	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	
Medical Travel for Steerage	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Includes travel, meals, and lodging. Lodging is limited to \$200 per day. Meals are limited to \$100 per person per day.
Mental and Nervous Inpatient	Paid at 80%	Paid at 60%	Paid at 60%	Preauthorization is not required. Residential treatment is covered.
Mental and Nervous Outpatient	Paid at 80%	Paid at 60%	Paid at 60%	
Naturopathic Services	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	
Neurodevelopmental Therapy	Paid at 80%	Paid at 80%	Paid at 80%	Limited to a 30 visit calendar year maximum. No age limit. Out of network is subject to the PPO/PAR out of pocket maximum.
Newborn Hospital Room & Board	Paid at 80%, deductible waived	Paid at 60%, deductible waived	Paid at 60%, deductible waived	
Obesity	See Comments	See Comments	See Comments	Non-surgical treatment (office visits and laboratory) is covered under the applicable benefit. Surgical treatment is not covered.
Orthotics	Paid at 80%	Paid at 80%	Paid at 80%	
Pap Smear Lab Test	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60%	
Preadmission Testing	Paid at 80%	Paid at 60%	Paid at 60%	
Preventive Mammograms	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60%	
Preventive/Wellness Services Birth to Age 2	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60%	
Preventive/Wellness Services Age 2 and over	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60%	
Prosthetics	Paid at 80%	Paid at 80%	Paid at 80%	Preauthorization is required for prosthetics over \$2,000.
Radiation Therapy	Paid at 80%	Paid at 60%	Paid at 60%	
Rehabilitation – Inpatient	Paid at 80%	Paid at 60%	Paid at 60%	Preauthorization is required.
Rehabilitation – Outpatient	Paid at 80%	Paid at 80%	Paid at 80%	Limited to a 30 visit calendar year maximum, with an additional 30 visits for the treatment of brain or spinal cord injuries, or for the treatment of a stroke. Swim therapy is covered.
Second Surgical Opinion	Paid at 80%	Paid at 60%	Paid at 60%	Optional.
Skilled Nursing Facility	Paid at 80%	Paid at 60%	Paid at 60%	Limited to a 100 day calendar year maximum. Preauthorization is required.
Smoking Cessation	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Not Covered	Limited to an 8 visit calendar year maximum.
Sports/School Physicals	Paid at 80%	Paid at 60%	Paid at 60%	
Sterilization (Elective)	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Paid at 60%	Employee and spouse only. Reversal of sterilization is not covered.
Supplemental Accident	See Comments	See Comments	See Comments	The deductible is waived for services within 90 days of an accident.
Supplies (Outpatient Misc. Medical)	Paid at 80%	Paid at 80%	Paid at 80%	

Medical Benefits	Preferred	Participating	Out of Network	COMMENTS
Surgeon's Fee – Inpatient	Paid at 80%	Paid at 60%	Paid at 60%	
Surgeon's Fee – Outpatient	Paid at 80%	Paid at 60%	Paid at 60%	
Telemedicine	Paid the same as any other condition	Paid the same as any other condition	Paid the same as any other condition	
TMJ	Paid at 80%	Paid at 60%	Paid at 60%	
Transplant – Facility	Paid at 100%, deductible waived	Paid at 60%	Paid at 60%	Preauthorization is required. Out of network does not apply toward the out of pocket maximum.
Transplant – Professional	Paid at 80%	Paid at 60%	Paid at 60%	Preauthorization is required.
Urgent Care Facility	Paid at 80%	Paid at 80%	Paid at 80%	Out of network is subject to the PPO/PAR out of pocket maximum.
Wigs	Paid at 80%	Paid at 80%	Paid at 80%	Limited to 2 wigs every 24 months, following chemotherapy or radiation therapy. Out of network is subject to the PPO/PAR out of pocket maximum.