

**2027 Adventist Health Employee Health Plan
Medical Benefits**

	Adventist Health Employee Health Plan (EHP)		Adventist Health Employee High Deductible Health Plan (HDHP)		Comments/Explanations
	Tier 1 Adventist Health & UC Davis Health, OHSU, Loma Linda University Medical Center	Tier 2 Anthem Blue Cross and Blue Shield	Tier 1 Adventist Health & UC Davis Health, OHSU, Loma Linda University Medical Center	Tier 2 Anthem Blue Cross and Blue Shield	
Medical Deductible (applies first -before out-of-pocket)	\$0	\$500 per individual	Individual: \$2,000 Family: \$4,000	Individual: \$3,000 Family: \$6,000	IMPORTANT: With the High Deductible Health Plan, the deductible must be met prior to the coinsurance & copays applying, except for preventive care.
Medical out-of-pocket (applies after deductible)	Individual max: \$2,500 Family max: \$6,000		Individual max: \$4,500 Family max: \$9,000	Individual max: \$6,200 Family max: \$12,400	
Pharmacy deductible and out-of-pocket	Deductible: \$0 Individual max: \$3,700 Family max: \$4,500		Included in Tier 1 medical deductible and out-of-pocket.		
Total out-of-pocket	Individual max: \$6,200 Family max: \$10,500		Individual max: \$4,500 Family max: \$9,000	Individual max: \$6,200 Family max: \$12,400	
Facility/Ambulatory Services					
Inpatient Hospital Services	100%	0%**	90% (D)	0%** (D)	**Covered at 80% after deductible with an approved unavailable service request form. If you reside outside of CA/OR, you do not need a USRF if using the tier 2 PPO network, unless prior authorization is required for the service.
Outpatient Hospital Services Outpatient Surgery and Invasive Diagnostic Procedures (Facility charges) Routine Lab and Diagnostic Imaging (X-ray, Ultrasound, Mammography) Other Imaging (DEXA, MRI, MRA, CT, PET and Nuclear Medicine) Radiation Oncology Services	100%	0%**	90% (D)	0%** (D)	**Covered at 80% after deductible with an approved unavailable service request form. If you reside outside of CA/OR, you do not need a USRF if using the tier 2 PPO network, unless prior authorization is required for the service.
Habilitation/Rehabilitation Services Inpatient (PT/OT/Speech)	100%	0%**	90% (D)	0%** (D)	**Covered at 80% after deductible with an approved unavailable service request form. If you reside outside of CA/OR, you do not need a USRF if using the tier 2 PPO network, unless prior authorization is required for the service.
Habilitation/Rehabilitation Services Outpatient (PT/OT/Speech)	100% AH Facility & AH Clinics \$25 Co-pay* - Physicians	100% \$35 Co-pay*	90% (D)	70% (D)	AH Clinics = Adventist Health Physician Services entity and AH Tax IDs.
Outpatient Diabetic Instruction (Facility Based)	100%	0%**	90% (D)	0%** (D)	**Covered at 80% after deductible with an approved unavailable service request form. If you reside outside of CA/OR, you do not need a USRF if using the tier 2 PPO network, unless prior authorization is required for the service.
Maternity Hospital Care	100%	0%**	90% (D)	0%** (D)	**Covered at 80% after deductible with an approved unavailable service request form. If you reside outside of CA/OR, you do not need a USRF if using the tier 2 PPO network, unless prior authorization is required for the service.
Bariatric Management Program Bariatric Surgery	100%	n/a	90% (D)	n/a	AH facilities (see below) that are MBSAQIP (Metabolics and Bariatric Surgery Accreditation Quality Improvement Program) accredited, and select AH facilities that are in the process of seeking their MBSAQIP accreditation and have met the plan administrator’s criteria for offering bariatric surgery to Plan enrollees. (Contact Benefits Administration for a list of such facilities.) Coverage is subject to criteria. Benefits discussed further in the Bariatric Surgery section of the Benefits Description chapter. \$500 co-payment will apply to a second bariatric surgery.
Preventive Health Care (Wellness)					
Preventive Health: Hospital Services	100%	100%	100%	100%	Benefits discussed further in the Preventive Health Care section of the Benefits Description chapter.
Preventive Health: Provider Services	100%	100%	100%	100%	
Weight Watchers	100%	100%	100%	100%	Lifetime maximum of 24 months. This program covers group meetings. Physician’s prescription is required with the submission of the first month’s claim. Member will pay monthly program costs to Weight Watchers. Then the health plan will reimburse 100% of program fees upon completion of 80% of the sessions with proof of attendance attached to each claim submitted monthly. (This benefit excludes online and Weight Watchers for diabetes.)
Physician/Provider Services					
Physician Office Visits Primary Care Physician, Specialists	100% \$25 Co-pay*	100% \$35 Co-pay*	90% (D)	70% (D)	
Physician Visits Physician Visits While Hospitalized	100%	80%	90% (D)	70% (D)	

Surgeon/Assistant Surgeon	100%	80% (D)	90% (D)	70% (D)	
Outpatient Diabetic Instruction	100%	80% (D)	90% (D)	70% (D)	
Home Visit	100%	80%	90% (D)	70% (D)	
Physician Services - Inpatient/ Outpatient/ Hospital / Mental Health Facility - Assigned per contract	100%	80%	90% (D)	70% (D)	e.g., Pathology, anesthesiology, radiology, emergency room, and hospitalist service if performed in a facility
Physician Services - Other (non-office visits such as minor surgery, x-rays, labs, sleep labs)	AH Clinics 100% 90% Non-AH Clinics	80% (D)	90% (D)	70% (D)	AH Clinics = Adventist Health Physician Services entity and AH Tax Ids. Covered services rendered by Myriad Genetic Laboratories will be covered at the "Tier 2" level.
Second and Third Surgical Opinion	100%	80% (D)	90% (D)	70% (D)	
Maternity Fees/Provider	100%	80% (D)	90% (D)	70% (D)	
Provider administered medications (injections, infusions, chemotherapy - office)	100%	80% (D)	90% (D)	70% (D)	
Vision Therapy	100%	100% \$35 Co-Pay*	90% (D)	90% (D)	12 visits annual individual maximum for ages eighteen and younger.
E-Visits & Telehealth	\$10 Co-Pay* AHOnDemand	\$35 Co-Pay*	90% (D)	70% (D)	Benefits include telehealth group sessions or family therapy sessions for a mental health condition and/or substance abuse. \$0 copayment for e-visit, telehealth, and telehealth group or family therapy sessions rendered by a Thriveworks mental health provider for a mental health condition and/or substance abuse.
Outpatient Chemotherapy (Provider's Office)	100%	80% (D)	90% (D)	70% (D)	
Emergency Care					
Emergency Care: Emergency Services	100% \$200 Co-Pay*	100% \$200 Co-Pay*	90% (D)	70% (D)	*Emergency room co-pay waived if admitted.
Emergent In-Patient Hospital Admission	75% / 100%	75% / 100% (D)	65%/90% (D)	65%/90% (D)	The 'Plan Pays' percentage for Emergent In-Patient Hospital Admission will be increased from 75% to 100% for the Adventist Health Employee Health Plan and 65% to 90% for the Adventist Health High Deductible Health Plan if you or the health care provider notify the Plan within two (2) business days of your hospital admission. (See "Health Care Management Program" section for more detail.)
Ambulance (Ground)	80% after \$50 Co-Pay*	80% after \$50 Co-Pay*	70% (D)	70% (D)	
Ambulance (Air)	80% after \$200 Co-Pay*	80% after \$200 Co-Pay*	70% (D)	70% (D)	
Urgent Care (Includes out-of-network providers who will be paid under the PPO level of benefits)	100% \$25 Co-Pay*	100% \$35 Co-Pay*	90% (D)	70% (D)	If you reside outside of CA/OR, you do not need an unavailable service request form if using the PPO network, unless prior authorization is required for the service.
Mental Health					
Mental Health and Chemical Dependency (Facility) Inpatient	100%	0%**	90% (D)	0%** (D)	**Covered at 80% after deductible with an approved unavailable service request form. If you reside outside of CA/OR, you do not need a USRF if using the tier 2 PPO network, unless prior authorization is required for the service.
Mental Health and Chemical Dependency (Facility) Outpatient	100%	0%**	90% (D)	0%** (D)	**Covered at 80% after deductible with an approved unavailable service request form. If you reside outside of CA/OR, you do not need a USRF if using the tier 2 PPO network, unless prior authorization is required for the service.
Mental Health and Chemical Dependency (Facility) Residential	100%	80% (D)	90% (D)	70% (D)	
Mental Health and Chemical Dependency Office Visit	100% \$25 Co-pay *	100% \$35 Co-pay*	90% (D)	70% (D)	Benefits include telehealth group sessions or family therapy sessions for a mental health condition and/or substance abuse. \$0 copayment for e-visit, telehealth, and telehealth group or family therapy sessions rendered by a Thriveworks mental health provider for a mental health condition and/or substance abuse.
Other Services					
Sterilization Procedures: Vasectomy/Tubal Ligation	100%	80% (D)	90% (D)	70% (D)	
Skilled Nursing Facility Care	100%	80% (D)	90% (D)	70% (D)	100 day annual maximum
Hospice Care	100%	80% (D)	90% (D)	70% (D)	Benefits include bereavement counseling for covered family members. Refer to plan guidelines.
Home Health Care	100%	80%	90% (D)	70% (D)	

Home Infusion Therapy	100%	80% (D)	90% (D)	70% (D)	
Durable Medical Equipment	100%	80%	90% (D)	70% (D)	Benefits include purchase or rental, not to exceed the purchase price of the equipment. Requires utilization review for equipment of ≥ \$2,000. Exception: CPM devices, and Dynasplints always require prior authorization.
Supplies and Appliances	100%	80%	90% (D)	70% (D)	
Diabetic Supplies	100%	80%	90% (D)	70% (D)	When applicable, diabetic supplies will be covered by pharmacy benefit.
Prosthetics and Orthotics	100%	80% (D)	90% (D)	70% (D)	Please refer to Durable Medical Equipment, Supplies, and Appliances section of the SPD.
Hearing Aid and Exam	100%	80% (D)	90% (D)	70% (D)	Limited to \$5,000 for one ear and \$10,000 for two ears every two years. Hearing aids may be obtained from outside vendors, such as warehouse stores, etc. UC Davis Health is not Tier 1 for this benefit.
Wigs due to Chemotherapy, Radiation therapy and Pathological Change	100%	100%	90% (D)	70% (D)	
Disposable Supplies (provided in a Physician's office)	100%	80%	90% (D)	70% (D)	
Nutritional Counseling	100% \$0 Co-Pay*	100% \$35 Co-Pay*	90% (D)	70% (D)	
Chiropractic	100% \$25 Co-pay	100% \$35 Co-pay	90% (D)	70% (D)	\$1,000 individual annual maximum
Pharmacy					
Pharmacy	See "Pharmacy" (Next Page)		See "Pharmacy" (Next Page)		
All Other Covered Medical Expenses					
All Other Covered Medical Expenses	100%	80% (D)	90% (D)	70% (D)	Physician services only
Deductible: An additional deductible applies for each enrollee you cover, except as limited by the Plan's medical out-of-pocket maximum.					
Notes: (D) = Deductible Applies					
AH -- Any Adventist Health Facility or Adventist Health Provider. AH Facility generally means Adventist Health, Adventist Health Columbia Gorge, LLUMC, LLMUC-Murrieta, Adventist Health Mendocino Coast, facilities owned by Rideout Health and UC Davis Health, but see SPD for details, including facilities that are deleted from and added to Tier 1 for specific employee populations.					
* Fixed dollar co-payments apply to annual out-of-pocket maximums. Fixed dollar co-payments apply PER visit/admission/occurrence.					
Total 2027 out-of-pocket maximum for all covered benefits cannot exceed \$12,000 for self-only coverage and \$24,000 for other than self-only coverage.					

2027 Adventist Health Employee Health Plan
Pharmacy Benefits

	Adventist Health Employee Health Plan & High Deductible Health Plan			
	Employee Health Plan Pharmacy OOP Max: \$3,700 individual \$4,500 family			
	High Deductible Health Plan Pharmacy Deductible and OOP Max: Included in Tier 1 medical deductible and OOP max.			
	Tier 1 Generic ¹	Tier 2 Preferred	Tier 3 Brand	
Comments				
TRADITIONAL	\$17	\$45	\$70	• Price is per 30-day supply, up to a 90-day supply • Save \$10 per 30-day supply on your copay by using an Adventist Health In-House Pharmacy • Get 3 months for the price of 2 at Adventist Health In-House Pharmacies, Community Partner Pharmacies or home delivery.
Comments				
SPECIALTY ²	\$45	20%; \$200 Max	20%; \$225 Max	• Specialty medications are limited to a 30-day supply maximum • Specialty medications can only be filled at Adventist Health In-House or preferred specialty pharmacies • Save \$10 on generic, \$20 on brand when using and Adventist Health In-House Pharmacy
1. Members will pay \$0.00 copay for select Generic Maintenance medications when filled at in-house, community partner, or mail-order pharmacies. 2. Refer to MedImpact formulary for identification of specialty medications. 3. The Plan will distribute a list of Community Partner pharmacies and will publish the list on the Plan’s website at AdventistHealth.org/EmployeeHealthPlan. If a pharmacy listed as a Community Partner loses its network status with the Pharmacy Benefit Manager, it will no longer qualify as a Community Partner pharmacy under the Plan. 4. The Pharmacy Benefit Manager is MedImpact. When using a Pharmacy Benefit Manager pharmacy, you may pay less than the above-listed copayment because the maximum you will be charged is the lesser of (1) the above-listed copayment (plus any applicable brand-over-generic fee), (2) the contractual rate the Plan pays for the medication, or (3) the pharmacy’s retail price. 5. Pharmacy products that are Plan exclusions or carveouts do not contribute to the pharmacy out-of-pocket maximum. Some examples of products that are not covered by the Plan are abortifacients, cosmetic medications, hair growth agents, homeopathic medications, fertility agents, vitamins, fluoride products, over-the-counter (OTC) medications, OTC equivalents, medical foods and non-FDA approved medications. Please refer to the “General Exclusions” chapter for additional Plan exclusions. 6. This table does not apply to anti-obesity medications. Refer to the Summary Plan Document for additional information. 7. Participation in MedImpact Assist may be required for some specialty and brand-name traditional drugs.				